WATER ANALYSIS REQUEST FORM

Wyoming Public Health Laboratory
Combined Laboratories Facility
208 South College Drive
Cheyenne, WY 82002 (UPS and FedEx use 82007)
307-777-7431 Fax 307-777-6422

LAB ID # _____

Account Information

NAME _____ CUSTOMER # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF CONTACT _____ PHONE _____

Check Mark Sample Type:

☐ **EPA** _____
EPA ID REQUIRED

☐ **RECREATIONAL:**
Circle one: Pool, Spa, or Other

☐ **NON-EPA**

Please Print Legibly for Final Report Accuracy:

SAMPLING DATE _____ SAMPLING TIME _____ (Military time format)

SAMPLED BY _____ CHLORINE LEVEL _____

SAMPLE LOCATION _____

THIS AREA FOR LAB USE ONLY
SAMPLE TYPE:
ORIGINAL #:

Set up Date	Time	Initials
Read Date	Time	Initials
Results	TC Result	EC Result

Call/Rejection Log: **Name of Contact**_____ **Date**_____ **Time**_____ **Initials**_____

☐ BP Invalid Sampling Point ☐ BR Broke in Transit ☐ CL Chlorine Present
☐ EH Exceeds Holding Time ☐ FZ Frozen Sample ☐ HS Excessive Headspace
☐ IN Insufficient Information ☐ IP Improper Sampling ☐ LA Lab Error
☐ LT Leaked in Transit ☐ VO Insufficient Volume ☐ UR Unsatisfactory Result

Comments:

http://www.health.wyo.gov/phsd/lab/index.html