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Protocol No.

Fax

## ΠΕΡΙΦΕΡΕΙΑΚΌ ΕΡΓΑΣΤΗΡΙΟ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ (ΠΕΔΥ) ΘΕΣΣΑΛΙΑΣ

Lab Sample Number :

	SAMPLING AND MICROBIOLOGICAL RESULT FOR LEGIONELLA DETECTION WATER						
Nan	ne of venue:						
Cod	le of venue:						
Sub	ject: Subject code:						
Mu	nicipality: Address: Tel.:						
Nan	ne of responsible person:						
•	Sampling site:  Cooling tower,  Water Distribution System,  Decorative fountain,  Other, name						
•	Sampling Date : Time :						
•	☐ 1 <sup>st</sup> Sampling ☐ Sampling before disinfection ☐ Sampling after disinfection						
	Other:						
•	Sample Volume: ml						
•	The quantity of sodium thiosulfate included in the bottles is adequate to neutralize the free chlorine of the sample:   No						
	☐ Municipal water supply						
•	Water source: Drill Well  Other, specify						
•	Water is clear:   Yes   No Sediment presence:  Yes   No Evidence of scale:  Yes   No						
•	Acceptable condition of water taps:						
•	Presence of rubber or plastic extensions to the water system: Yes No						
•	Use of biocides: Yes No						
•	If <b>Yes</b> , specify:						
•	Use of chemical compounds for clearing of salts:						
•	If <b>Yes</b> , specify: ☐ Acid sulfate ☐ Other, specify						
•	Use of algaecides:   Yes No If <b>Yes</b> , specify:   Copper sulphate  Other, specify						
•	If swabs was received, was it transported to $0.5 - 1.0$ ml of water? $\square$ Yes $\square$ No						
•	If sample sediments were taken from the water filter, was it transferred in a stenilized container with tap water?   Yes No						
•	During the sampling was personal protective equipment used?						
•	The samples was transferred in:						
•	Transfer was within 48 hours: Yes No Exposure to light: Yes No						

## SAMPLING AUTHORITY:

Protocol No.:

## C. RESULTS SITU MEASUREMENTS

Αριθμός δείγματος δειγματολήπτη	Sampling Point	Υπολειμματική απολυμαντική ουσία (mg/l)	Hq	Temperature (°C)	Παρατηρήσεις/ Συμπεράσματα	Lab Sample Number (*)

Ημερομηνία αποστολής:	Time:							
Responsible person for sampling								
Name:	Position:	Signature:						
Responsible person for receiving samples (*) Arrival Date in the Laboratory:	Time:							
Name:		Signature:						

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(\*):To be completed by the laboratory after receiving the samples