Auftragsformular - Wasser

|  |  |  |
| --- | --- | --- |
|  | **Auftraggeber:** | **Rechnungsempfänger:**[ ]  identisch mit Analysenbericht |
| **Firma/Institution** |       |       |
| **Name, Vorname\*** |       |       |
| **Strasse** |       |       |
| **PLZ/Ort** |       |       |
| **Telefon\*** |       |       |
| **E-Mail\*** |       |       |
| *\*Plichtfeld* | Gemäss Offerte:       | Bst.-Nr/PO-Nr:       |
|  | Resultat per: [x]  Email [ ]  Post [ ]  Internet Access |

Probenidentifikation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Probenbezeichnung** | **Proben-ID** | Proben-nahme-zeit | Temp.\* | Aerobe mesophile Keime | Entero-kokken | E. Coli | Legio-nellen |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

Probennahme

[ ]  Biolytix AG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Wegpauschale: [ ]  NW-Schweiz (pauschal CHF 55) [ ]  \_\_\_\_\_\_\_\_ CHF [ ]  keine
 Probennahme Tarif:       Std. à CHF 160/Std. (wird im Viertelstundentakt abgerechnet)

[ ]  Selber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Bei Legionellenproben sollte auch die Temperatur bei Temperaturkonstanz erhoben werden. Die Armatur in die Heisswasserposition bringen. Duschwasser in einem Messbecher auffangen und die Wassertemperatur messen.

Versand an

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| --- | --- | --- |
| Biolytix AGNeumattweg 164243 Dittingen |  | Datum:      Unterschrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |