

Georgia Public Health Laboratory

Environmental Health Unit -- Fluoride Monitoring
1749 Clairmont Road • Decatur, GA 30033-4050
(404) 327-7967



2 0 1 4

Water Fluoridation Split-Sample Reporting Form

Print or type return address:

Public Water Systems:

Complete all portions of this section and return form with sample bottle to the address above.

Sample Collected By: _____
Water System Name: _____

Work Phone: _____
Email address: _____
County: _____

Notes: 1. Use the original forms distributed with the sample bottles only - DO NOT USE PHOTOCOPIES.
2. Please print CLEARLY and within the lines (See examples below). The information below will be "read by Computer and automatically entered into the fluoridation database.

1	2	3	4	5	6	7	8	9	0
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Shade Circles Like This: ●
Not Like This: ⊗ ⊕

THIS SECTION TO BE COMPLETED BY WATER SYSTEM SUBMITTING SPLIT SAMPLE

State **GA** PWS ID number _____ sample Date (mm / dd / yyyy) _____

Sample Type

- Routine
- Replacement

Fluoride Analysis Method

- ISE Electrode
- SPADNS
- Complexone
- Ion Chromatography

Fluoride Concentration - Operator

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Chemical Used to Fluoridate Water

- Sodium Fluoride
- Sodium Fluorosilicate
- Sodium Fluorosilicic Acid

THIS SECTION FOR STATE LAB USE ONLY

Fluoride Concentration - State Lab

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Date Received: ____ / ____ / ____

Date Tested: ____ / ____ / ____

Tested by: _____

Date Reported: ____ / ____ / ____