

# Georgia Public Health Laboratory

Scientific Services Unit – Fluoride Monitoring  
 1749 Clairmont Road • Decatur, GA 30033-4050  
 (404) 327-7697



**2 0 2 2**

## 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Water System Name: \_\_\_\_\_

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 samples 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

PWS ID Number

Sample Date (mm / dd / yyyy)

G	A
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**Sample Type**

- Routine
- Replacement

**Fluoride Analysis Method**

- ISE Electrode
- SPADNS
- Complexone
- Ion Chromatography

**Fluoride Concentration – Operator**

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**Chemical Use 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tested By: \_\_\_\_\_