Georgia Public Health Laboratory

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



2 0 1 6 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:	
	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 Shade Circles Like This: Not Like This:	
THIS SECTION TO BE COMPLETED BY WATER SYSTEM SUBMITTING SPLIT SAMPLE	
State PWS ID number samp	ole Date (mm / dd / yyyy)
Sample Type	Fluoride Concentration - Operator
Routine	
O Replacement	
Fluoride Analysis Method O ISE Electrode	Chemical Used to Fluoridate Water
O SPADNS	O Sodium Fluoride
 Complexone 	O Sodium Fluorosilicate
O Ion Chromatography	○ Sodium Fluorosilicic Acid
THIS SECTION FOR STATE LAB USE ONLY	
Fluoride Concentration - State Lab	Date Received://
	Date Tested://
Tested by:	Date Reported://