Georgia Public Health Laboratory

Scientific Services Unit -- Fluoride Monitoring
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(404) 327-7967

Georgia Department of Public Health

2017 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 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 **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

☐☐.☐☐

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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Tested by: _____

Date Received: ____ / ____ / ____
Date Tested: ____ / ____ / ____
Date Reported: ____ / ____ / ____