**PROBENAHMEFORMULAR Bade- und Duschwasser**

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| Bitte das ausgefüllte Formular mit den Proben an obenstehende Adresse senden. Vor der Probenahme ist der gewünschte Untersuchungstermin mit dem Labor abzusprechen, für Untersuchungen auf Legionellen bitte eine Woche im Voraus (Tel. 081 257 24 15).  Annahme zur Untersuchung: Mo - Do 08:00 - 12:00 Uhr, 13:30 - 17:00 Uhr; Fr 08:00 - 12:00 Uhr | | | | | | | | |  |
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|  | **ADRESSEN** | | | | | | | | |
|  | Betriebsadresse: | | | |  | Rechnungsadresse: | | |  |
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|  | Bericht senden an: | | | |  | Kopie des Berichts senden an: | | |  |
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|  | Mailadresse für Vorab-Bericht (nur Untersuchungsresultate): | | | | | | | |  |
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|  | | Hallenbad |  | Mineral-/Thermalbad |  | Schule |  | Hotel |  |  |
|  | | Freibad |  | Künstlich angelegter Badeteich |  | Alterswohnheim |  | privat |  |
|  | | Solebad |  | See- oder Flussbad |  | Spital |  | andere: |  |
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|  | **PROBENAHME** | | | |  | **WETTERBEDINGUNGEN** | | |  |
|  | Datum: | | | |  | heute: | | |  |
|  | Uhrzeit: | | | |  |  | | |  |
|  | **BADEBETRIEB** | | | |  |  | | |  |
|  | Anzahl Badegäste: | | | |  | gestern: | | |  |
|  | Bemerkungen: | | | |  |  | | |  |
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| Unterschrift Probenehmer: | | | | |  | Probenehmer (Blockschrift): | | |  |
|  | | | | |  |  | | | |
| Telefon Probenehmer: | | | | |  | Betriebsverantwortlicher (Blockschrift): | | | |
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| **Analysenprogramme** | | | | | |  | andere Analysen nach Absprache: | | | | |  | **Wasserart (bei Entnahmestelle)** | | | | | | | | | | | | | | | | |  |
| **1** |  | | mikrobiologisch | | | **4** |  | | | |  |  | **1** | |  | Wasser aus künstlichen Becken | | | | | | | | | | | | | |  |
| **2** |  | | chemisch-physikalisch | | |  |  | | | |  |  | **2** | |  | Wasser aus Badeanlagen mit biologischer Wasseraufbereitung | | | | | | | | | | | | | |  |
| **3** |  | | nur Legionellen | | |  |  | | | |  |  | **3** | |  | Wasser aus Sprudelbädern resp. einem der Aerosolbildung förderlichen Wasserkreislauf | | | | | | | | | | | | | |  |
|  |  | |  | | |  |  | | | |  |  | **4** | |  | Wasser aus Dampfbädern (Wasserherstellung mit Aerosolbildung) | | | | | | | | | | | | | |  |
| **Wasserdesinfektion** | | | | | |  |  | | | |  |  | **5** | |  | Wasser aus Duschanlagen | | | | | | | | | | | | | |  |
| **K** |  | | unbehandelt | **B** | Brom |  | **O/C** | Ozon/Chlor | | |  |  | **6** | |  | Wasser aus natürlichen Seen | | | | | | | | | | | | | |  |
| **C** |  | | Chlor | **O** | Ozon |  | **O/B** | Ozon/Brom | | |  |  | **7** | |  | Wasser aus natürlichen Flüssen | | | | | | | | | | | | | |  |
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| **BADE- UND DUSCHWASSERPROBEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entnahmestelle\*** | | | | | | | **Flaschen-Nummer(n)** | | **Analysen-programm(e)** | **Wasser-art** | | | | **Wasserdes-infektion** | | | **Wasser bei Beprobung** | | | | | | | **Wird vom ALT ausgefüllt! Probennummer** | | | | | | |
| **T1 [°C]** | **T2 [°C]** | **freies Desi [mg/l]** | | | **Aussehen** | |
| **1** | |  | | | | |  | |  |  | | | |  | | |  |  |  | | |  | |  | | | | | | |
| **2** | |  | | | | |  | |  |  | | | |  | | |  |  |  | | |  | |  | | | | | | |
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| **6** | |  | | | | |  | |  |  | | | |  | | |  |  |  | | |  | |  | | | | | | |
| **Desinfektionsmittel**  🞎 Calciumhypochlorit 🞎 Elektrolyse von NaCl (Vorratsgefäss) 🞎 Elektrolyse von HCl 🞎 Chlorgas  🞎 Javelwasser 🞎 Elektrolyse von NaCl (direkt) 🞎 Ozon/Depotchlor 🞎 Hydrozon  **Bemerkungen**  \*) Bäder: Schwimmer-, Nichtschwimmer-, Plansch-, Saunatauchbecken, Whirlpool etc. | | | | | | | | | | | | | | | | | | **Probeneingang: Datum / Zeit** | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | |
|  | | Box versendet | | |  | ALT-Nr. |  | | |  |  | |
| **Probeneingang:** | | | | | | | | | | | | |
|  | | per Post | | |  | ALT-Box | | | |  | andere Box | |
|  | | persönlich | | | | | | | | | | |
|  | | Drittperson: |  | | | | | | | | |  |
|  | | gekühlt | |  | | ungekühlt | | |  | | |  |
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