**PROBENAHMEFORMULAR Wasser**

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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 (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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|  | Auftraggeber: |  | Wasserversorgung / Korporation | | | |  | amtlich |  | | | |  |  |
|  | |  | privat | | | |  | andere |  | | | |  |
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|  | **PROBEDATEN** | | | | | | | | | | | | |
|  | Datum Probenahme: | | |  | | Uhrzeit: | | | | | | |  |
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|  | Witterung: |  | längere Trockenphase | | | | | | | | | | |
|  | |  | letzter Regen vor 2 - 5 Tagen | | | | | | | | | | |
|  | |  | leichter Regen in den letzten 24h | | | | | | | | | | |
|  | |  | starker Regen / Schneeschmelze in den letzten 24h | | | | | | | | | | |
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| Unterschrift Probenehmer: | | | | |  | Probenehmer (Blockschrift): | | | | | | |  |
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| Telefon Probenehmer: | | | | |  | Betriebsverantwortlicher (Blockschrift): | | | | | | | |
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| **Analysenprogramme** | | | |  | andere Analysen: | | |  | | **Wasserart (bei Entnahmestelle)** | | | | | | | | | | | | | | | | | | | |  |
| **1** |  | | Trinkwasser, mikrobiologisch |  |  | |  |  | | **U** |  | | Ungefasste Quelle | | | | | | | | | | | | | | | | |  |
| **2** |  | | Trinkwasser, physikalisch | **9** |  | |  |  | | **F** |  | | Fassung bis Reservoir-Eingang | | | | | | | | | | | | | | | | |  |
| **3** |  | | Trinkwasser, Info-Pflicht |  |  | |  |  | | **N** |  | | im Verteilnetz (inklusive Reservoir) | | | | | | | | | | | | | | | | |  |
| **4** |  | | Trinkwasser, chemisch klein |  |  | |  |  | | **H** |  | | in der Hausinstallation | | | | | | | | | | | | | | | | |  |
| **5** |  | | Trinkwasser, chemisch mittel |  |  | |  |  | | **A** |  | | abgefüllt in Behältnisse (Tanks, Bidons, Flaschen) oder ab Wasserspendern (Gallonen o. Netz) | | | | | | | | | | | | | | | | |  |
| **6** |  | | Trinkwasser, chemisch gross | **10** |  | |  |  | | **E** |  | | Eis als Zusatz zu Speisen und Getränken | | | | | | | | | | | | | | | | |  |
| **7** |  | | Mineralwasser, mikrobiologisch |  |  | |  |  | | **Wasserbehandlung** | | | | | | | | | | | | | | | | | | | |  |
| **8** |  | | Wasser, Aggressivität |  |  | |  |  | | **B** |  | | behandelt | | **V** | | direkt vor der Behandlung (z. B. UV-Anlage) | | | | | | | | | | | | |  |
|  |  | |  |  |  | |  |  | | **K** |  | | unbehandelt | | **N** | | direkt nach der Behandlung (z. B. UV-Anlage) | | | | | | | | | | | | |  |
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| **WASSERPROBEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entnahmestelle** (+ TVD-Nr. bei Tierhaltern) | | | | | **Flaschen-Nummer(n)** | **Analysen-programm(e)** | | | **Wasser-art** | | | **Wasser-behandlung** | | **Wasser bei Beprobung** | | | | | **Wasser genutzt?** | | **Meeres-höhe (m ü. M.)** | | | **Wird vom ALT ausgefüllt! Probennummer** | | | | | | |
| **T (°C)** | | **Aussehen** | | |
| **1** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| **2** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| **3** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| **4** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| **5** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| **6** | |  | | |  |  | | |  | | |  | |  | |  | | | Ja | |  | | |  | | | | | | |
| Nein | |
| |  | | --- | | Bemerkungen: | |  | | | | | | | | | | | | | | | | | **Probeneingang: Datum / Zeit** | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | |
|  | | Box versendet | | | |  | | ALT-Nr. |  | | |  |  | |
| **Probeneingang:** | | | | | | | | | | | | | | |
|  | | per Post | | | |  | | ALT-Box | | | |  | andere Box | |
|  | | persönlich | | | | | | | | | | | | |
|  | | Drittperson: | |  | | | | | | | | | |  |
|  | | gekühlt | | | | |  | ungekühlt | | |  | | |  |
| **Probenahme:** | | | | | | |  | privat | |  | |  | amtlich | |