



Certificate of Analysis

Client Name _____ City _____ State _____
 System Name _____ Date of Testing _____

Test	Result	Method	Recommended Upper Control Limit	Recommended Next Step Code
Legionella sg1		Fast	ND @ < 25 CFU	
ATP - Total		Pen	< 400 RLU	
ATP - Free		Pen	< 400 RLU	
ATP Bioload		Calculation	< 200 RLU	
Aerobic Bacteria		Dip Slide	< 1000 CFU	
Anaerobic Bacteria		Dip Slide	< 1000 CFU	
Sulfate Reducing Bacteria		Agar Tube	< 1000 CFU	
Mold		Dip Slide	< 1000 CFU	
Yeast		Dip Slide	< 1000 CFU	
Fungus		Dip Slide	< 1000 CFU	

Next Step Code	Recommendation
A	Complete Testing Completed - All Results under ULC Proactive Biocide Feed, Monitoring and Control system in place Retest in 90 days
B	Complete Testing Completed - All Results under UCL Partial Proactive Biocide Feed, Monitoring and Control system in place Complete Installation of PBCFMC System Retest in 30 days
C	Partial Testing Completed - Legionella Under UCL - other testing not completed Or Full testing completed - All Results Under UCL and only Partial Proactive Biologic Monitoring and Control system in place Complete Testing Program and Installation of PBCFMC System Retest ASAP
Action Needed	Complete Testing Completed - Legionella Under UCL but One or More Other Tests above UCL Proactive Biological Control Feed, Monitoring and Control system in place Sanitise System & Inspect PBCFMC System System tested Over UCL - Retest ASAP
Immeadiate Action Needed	System Tested above UCL for legionella

Sampled By _____

Tested By _____

Name

Signature

Date

Report presented to and discussed with _____

Printed Name

Date

Signature

