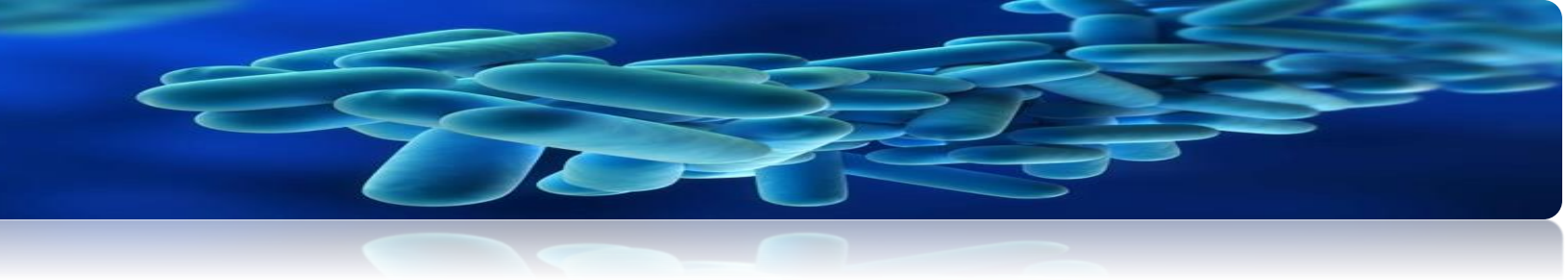

On Site Legionella Testing

Site Visit Report

Client _____ Client Representative _____

Date _____ Start Time_____ Completion Time_____

System Type: Cooling Condenser

Manufacturer:_____ Model: _____ Serial:_____

Full load evaporation in GPM _____ Hydraulic Resonance Time_____

Basin L_____ H_____ W_____ Gallons_____

Make Up Conductivity _____ Tower Conductivity_____ Cycles _____

Biocide A Name_____ Target Dose _____ Frequency_____

Biocide B Name_____ Target Dose_____ Frequency_____

Biological testing being done	Dips Y/N	ATP Y/N	Legionella Y/N
Frequency	_____	_____	_____
General Results	_____	_____	_____

Date of last known system cleaning ___/ ___/ ____

System disinfected prior to clean: Y / N Notes:_____

Sump drained Y / N Notes:_____

Sump mud cleaned out Y / N Notes:_____

Fill cleaned Y / N Notes:_____

Distribution system cleaned Y / N Notes:_____

Number of Heat Exchangers associated with this system and date of last:

Name	Inspection	Boroscope	Eddy Current	Cleaning	Descale	Notes
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Microbiological testing completed			Recommended	Recommended	Recommended
Test	Result	Pricing	Upper Limit	Action	Date of Completion
System Review		$1,000			
Legionella	_____	$250	< 25 CFU	_____	_____
ATP – Total	_____	$125	< 500 CFU	_____	_____
ATP – Free	_____	$125	< 500 CFU	_____	_____
ATP – Bio	_____	NC	< 500 CFU	_____	_____
SRB	_____	$50	< 1000 CFU	_____	_____
Anaerobs	_____	$50	< 1000 CFU	_____	_____
Aerobes	_____	$50	< 1000 CFU	_____	_____
Mold	_____	$50	< 1000 CFU	_____	_____
Yeast	_____	$50	< 1000 CFU	_____	_____
Fungus	_____	$50	< 1000 CFU	_____	_____