**Water Testing Drop-off Information Sheet:**

**HOT TUB & SWIM SPA**

**Are you new to water testing with us?**

If so, we will call you to get additional information from you that is required to test the water (Ex. Litres)

\*Please fill out ALL information to ensure a quicker and accurate process

\*Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of test is it?**

**What type of tub is it?**

 Check Up

 Fresh Fill

 Swim Spa

 Hot Tub

Yes No

**How does the water look?**

 Yes No

**If it is a Fresh Fill, have you added the Fresh Fill chemicals?**

 Clear

 Green

 Cloudy

**What is the Temperature?** \_\_\_\_\_\_\_ **F**

**Can you see the bottom?** Yes No

 Yes No

**Are you due for your weekly chemicals?**

**When was the last time you chemically cleaned the filter?**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to wait in the parking lot for the results?** *(Wait times may be long. If not waiting, you will hear back by the end of day)*

Yes No

**Notes** (please let us know what you need to purchase **when we call you back**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Fresh Fill

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