

# National Testing Laboratories, Ltd.

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## Bottled Water / Beverage Company Questionnaire

(Please complete a questionnaire for each plant location.)

Company Name:	
Company Address:	Contact Name:
Company Shipping Address:	Company Billing Address:
Phone Number: _____ Ext: _____	Fax Number: _____
Email: _____	How did you hear about NTL? _____
In what MONTH do you submit samples for analysis: _____	
Are you an IBWA Member: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a member of any other bottled water/industry association? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which one(s): _____	
Are you a member of a buying association/purchasing group? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list: _____	
Brand Names: _____	
<p><b>Size of Product(s):</b>  <input type="checkbox"/> 16 oz    <input type="checkbox"/> 20 oz.    <input type="checkbox"/> 0.5 L    <input type="checkbox"/> 1.0 L    <input type="checkbox"/> 1.5 L  <input type="checkbox"/> 1.0 Gal    <input type="checkbox"/> 2.5 Gal.    <input type="checkbox"/> 3 Gal.    <input type="checkbox"/> 5Gal.    <input type="checkbox"/> Other: _____</p> <p><b>Types of Beverage(s):</b>  <input type="checkbox"/> bottled water    <input type="checkbox"/> carbonated beverage    <input type="checkbox"/> flavored beverage  <input type="checkbox"/> bulk water    <input type="checkbox"/> Other: _____</p> <p><b>Types of Bottled Water Product(s):</b>  <input type="checkbox"/> distilled    <input type="checkbox"/> purified    <input type="checkbox"/> spring    <input type="checkbox"/> RO    <input type="checkbox"/> mineral  <input type="checkbox"/> drinking    <input type="checkbox"/> Fluoridated    <input type="checkbox"/> Other: _____</p> <p>How many production lines do you have? _____</p> <p>Do you test each line?    <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you sell any of your products as lab reagent water? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you bottle at the source?        <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is your product NSF Certified?        <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>Sources: (If more than two sources, provide information on a separate sheet.)</b>  <i>Source Name:</i> _____ <i>City:</i> _____ <i>State:</i> _____  <i>Source Type:</i> <input type="checkbox"/> Spring <input type="checkbox"/> Borehole <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Surface Water  Other: _____</p> <p><i>Source Name:</i> _____ <i>City:</i> _____ <i>State:</i> _____  <i>Source Type:</i> <input type="checkbox"/> Spring <input type="checkbox"/> Borehole <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Surface Water  Other: _____</p> <p>Do you test your source(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO  (If no, be certain that source results meet requirements of all states in which your products are sold.)</p> <p>Do you buy your source water from a bulk supplier? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, from whom? _____</p> <p>Is source water tankered to the plant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If tankered, is your source water treated at the source? <input type="checkbox"/> YES <input type="checkbox"/> NO  If treated, what is used? Chlorine, Ozone, Other: _____</p> <p>If you use a municipal source, can you get a copy of the current results for disinfectants and disinfection by-products? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>What year was most recent source test for gross alpha/beta, radium 226/228 &amp; uranium? _____</p>
Have you had FOUR CONSECUTIVE QUARTERS of testing for SOC's (Glyphosate, Endothall, Diquat, and Dioxin) performed on each type of finished product water? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, during what year did you complete your four quarters of testing SOC's? _____	
When did you complete your most recent SOC testing? _____	
States where you sell bottled water:	
<input type="checkbox"/> AK <input type="checkbox"/> AL <input type="checkbox"/> AR <input type="checkbox"/> AZ <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DC <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> IA <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MA <input type="checkbox"/> MD <input type="checkbox"/> ME <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> MS <input type="checkbox"/> MT <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NV <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> PR <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VA <input type="checkbox"/> VT <input type="checkbox"/> WA <input type="checkbox"/> WI <input type="checkbox"/> WV <input type="checkbox"/> WY	
Canada: <input type="checkbox"/> AB <input type="checkbox"/> BC <input type="checkbox"/> MB <input type="checkbox"/> NB <input type="checkbox"/> NL <input type="checkbox"/> NT <input type="checkbox"/> NS <input type="checkbox"/> NU <input type="checkbox"/> ON <input type="checkbox"/> PE <input type="checkbox"/> QC <input type="checkbox"/> SK <input type="checkbox"/> YT	
Other Countries: _____	
Do you have STATE WAIVERS for any parameters? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parameter: _____ State Issuing Waiver: _____ Waiver Expiration Date: _____	