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Bacteriological Analysis of Water

Multiple Sample Requisition for Official Agencies

FOR DRINKING WATER: THE REGULATION STATUS OF THE SAMPLE(S) MUST BE INDICATED. IF REGULATED, ALL NON-SHADED AREAS MUST BE COMPLETED OR THE SAMPLE(S) WILL NOT BE ANALYZED BY THE LABORATORY AND ANOTHER SAMPLE(S) WILL HAVE TO BE SUBMITTED. A UNIQUE IDENTIFIER (I.E. BARCODE) MUST BE PRESENT ON BOTH THE BOTTLE AND REQUISITION WHEN RECEIVED AT THE LABORATORY OR THE SAMPLE(S) WILL NOT BE PROCESSED

Official Agency Address

Sample Information - Drinking Water

Sampling Precautions:

- All potable samples must be <25°C when received at the lab. Samples must be received in the lab within 6 hours of collection if not refrigerated.
- Refrigerated non-potable samples must be received in the laboratory within 1 calendar day of collection.
- All drinking water must be received in the laboratory within 48 hours of collection.
- Time of collection must be indicated.
- For disinfected water sources, check preservative expiry date before sampling

Agency Name		Identification of	Barcode	Free or combined	HPC	Bacterial C	ounts (Cf	u) Based or	100mL Vol.	By Membrane	Filtration	∇ HPC (Cfu) Based	Lab. No./
	Date Collected:AM (Circle one) Time Collected:PM	Collection Site & Time Collected		chlorine residual (mg/L)	Requested	∇ Total Coliforms	E. coli ∇	Back- ground ∇	P. aeruginosa	Presumptive Staphylococci	S. aureus	on 1mL. Vol. by Spread Plate	Date & Time Received
	Fill Collected.			(IIIg/L)				V					
Bldg. No., Street, R.R., Box No.	Collected By:												
City, Town	Sampling Site:												
Province Postal Code	Source of Drinking Water												
	Ground Water (i.e. well)												
	Surface Water												
Submitted by: (Please Print)	Ground Water (i.e. well) Cistern Surface Water Distribution Bottled Water Other: (Please Specify)												
Submitted to: Public Health Lab	Other: (Please Specify)												
Comments/Additional Information:	Non-treated Treated												
	Type of Drinking Water Systems												
	Mandatory: tick one box HPPA O. Reg 319/08												
Owner of the Water Supply	HPPA Regulated Premises												
Facility	HPPA O. Reg 319/08 HPPA Regulated Premises Non Regulated Private Residence SDWA O. Reg 170/03												
	Reason for Sampling												
	Control												
Bldg. No., Street, R.R., Box No.	Control												
	Resample Complaint Investigation												
City, Town	Outbreak Investigation (complete section below)												
Province Postal Code	Outbreak Number:												
Total odd	Fig. 1 a 1717												
Contact Name(s):	Etiological Agent if Known:	For Regulated Drinkin	g Water or Legal Samples:		Reported								
	Test for Etiological Agent*	Relinquished By:	For Lab Use:		Ву:								
	Or, Test for Potability	Relinquished By:	(Print Name) Received By:		D .								
	*Call laboratory before sampling	1	(Signature)		Date Read:								
	Sample Information - Non-Potable	Laboratory Commen	ne: Date: Time:							Date Re	nortod:		
Tel: (Working hrs.):	Date Collected:	Laboratory Commen	io.							Date ne	ported.		
	Time Collected: AM (Circle one)												
Tel: (After hrs.):	Collected by:												
	Sampling site:												
Fax:	Public Beach												
Waterworks No.: Not assigned □	Recreational Water Facility / Hydrotherapy Pool												Ontario 👸
	Suspected Sewage Contamination												
if assigned, indicate number \Box Assigned \Box	Other* (Please specify)	Date of Analysis:	Authorized By:										
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	*Call laboratory before sampling	rie results apply to the	e sample(s) as received and only to the sam										ACT, 2002 and its

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The results apply to the sample(s) as received and only to the sample(s) tested. This information is being collected in compliance with the requirements of the Safe Drinking Act, 2002 and its regulations, and it will only be used for the purposes for which it is collected. Public Health Ontario is subject to the Freedom of Information and Protection of Privacy Act and any information in its records may be subject to disclosure by the Ministry pursuant to the Freedom of Information and Protection of Privacy Act.

End of report

Public Health Ontario Laboratory Contact Information

Toronto Toronto Si Toronto Si To Toronto Si To Toronto Si To Toronto In	661 University Avenue Suite 1701 Toronto, ON M5G 1M1 250 Fennell Avenue West P.O. Box 2100 Hamilton, ON L8N 3R5 181 Barrie Street Box 240 Kingston, ON K7L 4V8 102-1200 - Commissioners Rd. E., London, ON N5Z 4R3	Tel: 416-235-6556 Toll free: 1-877-604-4567 Fax: 416-235-6552 Tel: 905-385-5379 Toll free: 1-866-282-7376 Fax: 905-385-0083 Tel: 613-548-6630 Toll free: 1-855-546-4745 Fax: 613-547-1185 Tel: 519-455-9310 Toll free: 1-877-204-2666 Fax: 519-455-3363
Kingston	181 Barrie Street Box 240 Kingston, ON K7L 4V8	Tel: 613-548-6630 Toll free: 1-855-54 Fax: 613-547-118
London) - Commissioners ON	Tel: 519-455-9310 Toll free: 1-877-20 Fax: 519-455-336;
Orillia	750 Memorial Avenue P.O. Box 600 Orillia, ON L3V 0T7	Tel: 705-325-7449 Toll free: 1-877-611-6998 Fax: 705-329-6001
Ottawa	2380 St. Laurent Blvd. Ottawa, ON K1G 6C4	Tel: 613-736-6800 Fax: 613-736-6820
Peterborough	99 Hospital Drive P.O. Box 265 Peterborough, ON K9J 6Y8	Tel: 705-743-6811 Fax: 705-745-1257
Sault Ste. Marie	160 McDougald Street P.O. Box 220 Sault Ste. Marie, ON P6A 3A8	Tel: 705-254-7132 Toll free: 1-800-263-0409 Fax: 705-945-6873
Sudbury	1300 Paris St. Suite 2 Sudbury, ON P3E 6H3	Tel: 705-564-6917 Toll free: 1-888-564-6917 Fax: 705-564-6918
Thunder Bay	336 South Syndicate Avenue Thunder Bay, ON P7E 1E3	Tel: 807-622-6449 Fax: 807-622-5423
Timmins	67 Wilson Avenue Timmins, ON P4N 2S5	Tel: 705-267-6633 Toll free: 1-888-267-7181 Fax: 705-360-2006

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Bacteriological Analysis of Water Worksheet

SP = Spread Plate MF = Membrane Filtration When recording results, a record of the date and time the test is read must be documented. For columns with two volumes indicated in the header, circle the correct volume used in the analysis.

Laboratory Comments:

Public Santé Health Dublidue Ontario Ontario

Read by: Date Read: Background by MF Count per 100 mL No. by Picked method No. No. No. No. Picked pos. No. .oV .oV .oV .soq .soq No. Picked method 10.0 No. 24 F.0 No. No. No. col. col. OXI ONPG LST 001 01/ 001 100 .oN Baird Parker CAT Gm COAG Confirmation M-PA-C Confirmation Count / mL Confirmation Staphylococcus aureus by MF P.aeruginosa by MF НРС БУ SP Escherichia coli by MF Total Coliforms by MF Lab Number

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