


Bacteriological Analysis of Water

Multiple Sample Requisition for Official Agencies

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 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		Identification of Collection Site & Time Collected	Barcode	Free or combined chlorine residual (mg/L)	HPC Requested <input checked="" type="checkbox"/>	Bacterial Counts (Cfu) Based on 100mL Vol. By Membrane Filtration					HPC (Cfu) Based on 1mL Vol. by Spread Plate	Lab. No./ Date & Time Received	
								∇ Total Coliforms	E. coli ∇	Back-ground ∇	P. aeruginosa	Presumptive Staphylococci			S. aureus
Agency Name		Date Collected: _____													
Bldg. No., Street, R.R., Box No.		Time Collected: _____ AM (Circle one) _____ PM													
City, Town		Collected By: _____													
Province Postal Code		Sampling Site: _____													
Submitted by: _____ (Please Print)		Source of Drinking Water													
Submitted to: _____ Public Health Lab		<input type="checkbox"/> Ground Water (i.e. well) <input type="checkbox"/> Cistern <input type="checkbox"/> Surface Water Distribution <input type="checkbox"/> Bottled Water <input type="checkbox"/> Other: _____ (Please Specify)													
Comments/Additional Information:		<input type="checkbox"/> Treatment <input type="checkbox"/> Non-treated <input type="checkbox"/> Treated													
Owner of the Water Supply		Type of Drinking Water Systems													
Facility		<input type="checkbox"/> Mandatory: tick one box <input type="checkbox"/> HPPA O. Reg 319/08 <input type="checkbox"/> HPPA Regulated Premises <input type="checkbox"/> Non Regulated <input type="checkbox"/> Private Residence <input type="checkbox"/> SDWA O. Reg 170/03													
Bldg. No., Street, R.R., Box No.		Reason for Sampling													
City, Town		<input type="checkbox"/> Control <input type="checkbox"/> Audit <input type="checkbox"/> Compliance <input type="checkbox"/> Resample <input type="checkbox"/> Complaint Investigation <input type="checkbox"/> Outbreak Investigation (complete section below) Outbreak Number: _____													
Province Postal Code		Etiological Agent if Known: _____													
Contact Name(s):		<input type="checkbox"/> Test for Etiological Agent* <input type="checkbox"/> Or, Test for Potability *Call laboratory before sampling		For Regulated Drinking Water or Legal Samples:			Reported By:								
Tel: (Working hrs.):		Sample Information - Non-Potable		Relinquished By: _____ For Lab Use: _____			Date Read:								
Tel: (After hrs.):		Date Collected: _____ Time Collected: _____ AM (Circle one) _____ PM Collected by: _____ Sampling site: _____		Relinquished By: _____ Received By: _____			Date: _____ Time: _____ Date: _____ Time: _____								
Fax:		<input type="checkbox"/> Public Beach <input type="checkbox"/> Recreational Water Facility / Hydrotherapy Pool <input type="checkbox"/> Suspected Sewage Contamination <input type="checkbox"/> Other* (Please specify)		Date of Analysis: _____			Authorized By: _____		Laboratory Comments:						
Waterworks No.: _____ Not assigned <input type="checkbox"/> if assigned, indicate number _____ Assigned <input type="checkbox"/>		*Call laboratory before sampling		Date Reported:											

Public Health Ontario Laboratory Contact Information

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