

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 disinfected water sources, check preservative expiry date before sampling

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	<i>E. coli</i> ▽	Back-ground ▽	<i>P. aeruginosa</i>	Presumptive Staphylococci			<i>S. aureus</i>
Agency Name		Date Collected: _____													
		Time Collected: _____ AM (Circle one) _____ PM													
Bldg. No., Street, R.R., Box No.		Collected By: _____													
City, Town		Sampling Site: _____													
Province		Postal Code													
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													
		Type of Drinking Water Systems													
		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													
		Reason for Sampling													
		<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: _____													
		Etiological Agent if Known: _____													
		<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: _____							
				Relinquished By: _____ For Lab Use: _____ (Print Name)				Date Read: _____							
				Relinquished By: _____ Received By: _____ (Signature)				Date: _____ Time: _____ Date: _____ Time: _____							
Tel: (Working hrs.): _____		Sample Information - Non-Potable		Laboratory Comments:				Date Reported: _____							
Tel: (After hrs.): _____		Date Collected: _____ Time Collected: _____ AM (Circle one) _____ PM													
Fax: _____		Collected by: _____													
Waterworks No.: _____ Not assigned <input type="checkbox"/>		<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)													
if assigned, indicate number _____ Assigned <input type="checkbox"/>		<input type="checkbox"/> Other* (Please specify)		Date of Analysis: _____				Authorized By: _____							
		*Call laboratory before sampling		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 <i>Safe Drinking Act, 2002</i> and its regulations, and it will only be used for the purposes for which it is collected. Public Health Ontario is subject to the <i>Freedom of Information and Protection of Privacy Act</i> and any information in its records may be subject to disclosure by the Ministry pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> .											



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4321-44 (July/2023)



B-1A



B-1A

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

Bacteriological Analysis of Water Worksheet

Lab Number	Count / mL		No. COL. Picked		Confirmation		Count per 100 mL	
	10	50	No. pos.	COL. No.	LST No. pos.	ONPG No. pos.	OXI No. pos.	No. pos.
	100	50	24	48	Confirmation		Count per 100 mL	
	10	1			Confirmation		Count / mL	
Total Coliforms by MF								
	100	50	10	1	Confirmation		Count per 100 mL	
	10	0.01			Confirmation		Count / mL	
Escherichia coli by MF								
	100	50	10	1	Confirmation		Count per 100 mL	
	10	0.01			Confirmation		Count / mL	
Background by MF								
	100	50			Confirmation		Count per 100 mL	
	10	0.1			Confirmation		Count per 1 mL	
HPC by SP								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
M-PA-C								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
Baird Parker								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
Staphylococcus aureus by MF								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
COAG								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
Gm								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
CAT								
	100	50			Confirmation		Count per 100 mL	
	100	50			Confirmation		Count per 100 mL	
Date Read:								
Read by:								

