

# 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

<b>Official Agency Address</b>		<b>Sample Information - Drinking Water</b>				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	
		Date Collected: _____ Time Collected: _____ AM (Circle one) PM Collected By: _____ Sampling Site: _____		<b>Source of Drinking Water</b> 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) <input type="checkbox"/> Treatment Non-treated <input type="checkbox"/> Treated <input type="checkbox"/>		<b>Type of Drinking Water Systems</b> Mandatory: tick one box 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 <input type="checkbox"/>		<b>Reason for Sampling</b> 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) <input type="checkbox"/> Outbreak Number: _____ Etiological Agent if Known: _____ Test for Etiological Agent* <input type="checkbox"/> Or, Test for Potability <input type="checkbox"/> <i>*Call laboratory before sampling</i>		<b>For Regulated Drinking Water or Legal Samples:</b> Relinquished By: _____ (Print Name) For Lab Use: Relinquished By: _____ (Signature) Received By: _____ Date: _____ Time: _____ Date: _____ Time: _____ Reported By: Date Read:									
<b>Owner of the Water Supply</b> Facility: Bldg. No., Street, R.R., Box No.: City, Town: Province: Postal Code:		Submitted by: _____ (Please Print) Submitted to: _____ Public Health Lab Comments/Additional Information:																	
Tel: (Working hrs.):  Tel: (After hrs.):  Fax: Waterworks No.: Not assigned <input type="checkbox"/> if assigned, indicate number Assigned <input type="checkbox"/>		<b>Sample Information - Non-Potable</b> Date Collected: _____ Time Collected: _____ AM (Circle one) PM Collected by: _____ Sampling site: _____ Public Beach <input type="checkbox"/> Recreational Water Facility / Hydrotherapy Pool <input type="checkbox"/> Suspected Sewage Contamination <input type="checkbox"/> Other* (Please specify) <input type="checkbox"/> <i>*Call laboratory before sampling</i>																	

**These results relate only to the sample 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*.



## Public Health Laboratories

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<b>Toronto</b>	661 University Avenue Suite 1701 Toronto, ON M5G 1M1	Tel: 416-235-6556 Toll free: 1-877-604-4567 Fax: 416-235-6552
<b>Hamilton</b>	250 Fennell Avenue West P.O. Box 2100 Hamilton, ON L8N 3R5	Tel: 905-385-5379 Toll free: 1-866-282-7376 Fax: 905-385-0085
<b>Kingston</b>	181 Barrie Street Box 240 Kingston, ON K7L 4V8	Tel: 613-548-6630 Toll free: 1-855-546-4745 Fax: 613-547-1185
<b>London</b>	5th Floor, 850 Highbury Avenue P.O. Box 5704, Postal Station "A" London, ON N6A 4L6	Tel: 519-455-9310 Toll free: 1-877-204-2666 Fax: 519-455-3363
<b>Orillia</b>	750 Memorial Avenue P.O. Box 600 Orillia, ON L3V 6K5	Tel: 705-325-7449 Toll free: 1-877-611-6998 Fax: 705-329-6001
<b>Ottawa</b>	2380 St. Laurent Blvd. Ottawa, ON K1G 6C4	Tel: 613-736-6800 Fax: 613-736-6820
<b>Peterborough</b>	99 Hospital Drive P.O. Box 265 Peterborough, ON K9J 6Y8	Tel: 705-743-6811 Fax: 705-745-1257
<b>Sault Ste. Marie</b>	160 McDougall 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
<b>Sudbury</b>	1300 Paris St. Ste 2 Sudbury, ON P3E 6H3	Tel: 705-564-6917 Toll free: 1-888-564-6917 Fax: 705-564-6918
<b>Thunder Bay</b>	336 South Syndicate Avenue Thunder Bay, ON P7E 1E3	Tel: 807-622-6449 Fax: 807-622-5423
<b>Timmins</b>	67 Wilson Avenue Timmins, ON P4N 2S5	Tel: 705-267-6633 Toll free: 1-888-267-7181 Fax: 705-360-2006

# Bacteriological Analysis of Water

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**Official Agency Address**

Agency Name \_\_\_\_\_

Bldg. No., Street, R.R., Box No. \_\_\_\_\_

City, Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Submitted by: \_\_\_\_\_ *(Please Print)*

Submitted to: \_\_\_\_\_ **Public Health Lab**

Comments/Additional Information: \_\_\_\_\_

**Sample Information - Drinking Water**

Date Collected: \_\_\_\_\_

Time Collected: \_\_\_\_\_ AM (Circle one) \_\_\_\_\_ PM

Collected By: \_\_\_\_\_

Sampling Site: \_\_\_\_\_

**Source of Drinking Water**

Ground Water (i.e. well)

Cistern

Surface Water Distribution

Bottled Water

Other: \_\_\_\_\_ *(Please Specify)*

Treatment: Non-treated  Treated

**Type of Drinking Water Systems**

Mandatory: tick one box

HPPA O. Reg 319/08

HPPA Regulated Premises

Non Regulated

Private Residence

SDWA O. Reg 170/03

**Reason for Sampling**

Control

Audit

Compliance

Resample

Complaint Investigation

Outbreak Investigation

*(complete section below)*

Outbreak Number: \_\_\_\_\_

Etiological Agent if Known: \_\_\_\_\_

Test for Etiological Agent\*

Or, Test for Potability

*\*Call laboratory before sampling*

**Sample Information - Non-Potable**

Date Collected: \_\_\_\_\_

Time Collected: \_\_\_\_\_ AM (Circle one) \_\_\_\_\_ PM

Collected by: \_\_\_\_\_

Sampling site: \_\_\_\_\_

Public Beach

Recreational Water Facility / Hydrotherapy Pool

Suspected Sewage Contamination

Other\* *(Please specify)*

*\*Call laboratory before sampling*

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		

**For Regulated Drinking Water or Legal Samples:**

Relinquished By: \_\_\_\_\_ For Lab Use: \_\_\_\_\_  
(Print Name)

Relinquished By: \_\_\_\_\_ Received By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reported By: \_\_\_\_\_

Date Read: \_\_\_\_\_

Date Reported: \_\_\_\_\_

**Owner of the Water Supply**

Facility \_\_\_\_\_

Bldg. No., Street, R.R., Box No. \_\_\_\_\_

City, Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Tel: *(Working hrs.):* \_\_\_\_\_

Tel: *(After hrs.):* \_\_\_\_\_

Fax: \_\_\_\_\_

Waterworks No.: \_\_\_\_\_ Not assigned

if assigned, indicate number \_\_\_\_\_ Assigned



MF = Membrane Filtration      SP = Spread Plate

Lab Number	Total Coliforms by MF								Escherichia coli by MF						HPC by SP		P. aeruginosa by MF				Staphylococcus aureus by MF							
	Count / mL			Confirmation					Count per 100 mL	Count / mL				Confirmation		Count per 100 mL	0.1 mL		Count per 100 mL		TPEY		CAT	Gm	COAG	Count per 100 mL		
	100 50	10 1		No. COL. Picked	OXI No. pos.	ONPG No. pos.	LST GAS No. pos. 24 48	100 50		10 1	0.1 0.01		No. COL. Picked	No. pos. by API 20E	0.1 mL		Count per 100 mL	100 50		No. COL. Picked	No. pos. by API 20E	Count per 100 mL	100 50		No. col. pos.		No. col. pos.	No. col. pos.
Read by: _____	Date Read: _____																											