

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.
Exceptions: Regulated with HPC test is 8 hrs. All other submissions with HPC requests is 24 hrs.
- 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

Agency Name	
Bldg. No., Street, R.R., Box No.	
City, Town	Postal Code
Province	
Submitted by: _____ <i>(Please Print)</i>	
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) <input type="checkbox"/>
Cistern <input type="checkbox"/>
Surface Water <input type="checkbox"/>
Distribution <input type="checkbox"/>
Bottled Water <input type="checkbox"/>
Other: _____ <i>(Please Specify)</i> <input type="checkbox"/>
Treatment <input type="checkbox"/>
Non-treated <input type="checkbox"/>
Treated <input type="checkbox"/>

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 <input type="checkbox"/>

Reason for Sampling

Control <input type="checkbox"/>
Audit <input type="checkbox"/>
Compliance <input type="checkbox"/>
Resample <input type="checkbox"/>
Complaint Investigation <input type="checkbox"/>
Outbreak Investigation <input type="checkbox"/>
(complete section below)
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>

Sample Information - Non-Potable

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* <i>(Please specify)</i> <input type="checkbox"/>

** 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:				Reported By:							
Relinquished By: _____ (Print Name) For Lab Use:				Date Read:							
Relinquished By: _____ (Signature) Received By: _____											
Date: _____ Time: _____ Date: _____ Time: _____				Date Reported:							
Laboratory Comments:											
Date of Analysis:	Authorized By:										

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



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