Instructions For Official Agencies Submitting Water Samples to the Public Health Ontario Laboratories

Summer 2012
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Instructions for Submitting Water Samples to the Public Health Ontario Laboratories

Introduction
The Public Health Ontario Laboratories (PHL) accept a variety of water samples for microbiological analysis from Official Agencies. For a full listing of environmental testing services offered and sample submission / acceptance criteria, please refer to Public Health Ontario's Public Health Inspector’s Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca).

All water samples submitted for testing must meet the acceptance criteria or they will not be tested. A completed “Bacteriological Analysis of Water - Single Sample Requisition for Official Agencies” or “Bacteriological Analysis of Water - Multiple Sample Requisition for Official Agencies” must accompany the sample. Refer to Appendix I and II.

Samples submitted under the drinking water regulations under the Health Protection and Promotion Act (HPPA) or the Safe Drinking Water Act (SDWA) have specific requirements. Refer to the Public Health Inspector’s Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca) for more details.

Affixing the Unique Identifier to the Requisition:

Remove a barcode sticker from the bottle and apply it to the top copy of the requisition under “Barcode”. If the barcode sticker is not able to be removed from the bottle, write the number on the requisition.

Please Note: Samples will not be processed if the barcode number is not included on the requisition.

Single Sample Requisition:

Multiple Sample Requisition:
Completing the Documentation:

If there is some urgency to receive the report, please inform laboratory personnel by telephone prior to sample submission.

Fill in the most current version of the laboratory requisition. Samples will not be processed if the requisition is not completely and accurately filled in.

For sample acceptance criteria and a listing of terms and definitions, please refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* ([www.oahpp.ca](http://www.oahpp.ca)).

**Fill in the Official Agency Address Box:**
- Agency name
- Complete address
- Name of the person submitting the sample
- The laboratory the sample is being submitted to
- "Comments/Additional information" about the sample are put in this box

N.B. An address stamp or sticky label can be used, however, all the required information must be legible on all pages of the requisition

**Fill In the Owner of the Water Supply Box:**
- Facility name
- Complete address (i.e. facility address)
- Contact name(s)
- Telephone numbers (working and after hours)
- Fax number, (if no Fax number write “none”)
- Waterworks number – if this has not been assigned tick off "Not assigned"

N.B. A sticky label can be used, however, all the required information must be legible on all pages of the requisition

For O. Reg 319/08 or O. Reg 170/03 samples, all non shaded areas of this box must be complete and accurate or the sample will not be tested
For Drinking Water
Fill In the Sample Information – Drinking Water Box:

- Date of collection
- Time of collection
  N.B. For the multiple sample requisition, indicate what time the collection began. The individual sample times are entered under the “Identification of Collection Site & Time Collected” column
- Name of individual collecting the sample
- Sampling Site
  For the multiple sample requisition record the Facility name here
- “Free or combined chlorine residual (mg/L)” if determined (single sample requisition)

Sample Information - Drinking Water

| Date Collected: __________________________ |
| Time Collected: hh : mm AM  (Circle one) |
| Collected By: ____________________________ |
| Sampling Site: __________________________ |

For Drinking Water
Fill In the Source of Drinking Water Box:

Refer to Public Health Ontario’s Public Health Inspector’s Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca) for definitions

- Tick off all applicable boxes that relate to the source
- Tick off the applicable box for treatment
- If required, tick off HPC request
  For the multiple sample requisition indicate this in the “HPC Requested” column

Source of Drinking Water

| Ground Water (i.e. well) | ☐ |
| Cistern | ☐ |
| Surface Water | ☐ |
| Distribution | ☐ |
| Bottled Water | ☐ |
| Other: ____________________________ (Please Specify) | ☐ |
| Treatment | ☐ |
| Non-treated | ☐ |
| Treated | ☐ |

For Drinking Water Fill In the Type of Drinking Water Systems Box:

Refer to Public Health Ontario’s Public Health Inspector’s Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca) for definitions

Select only one of the following:

- HPPA O. Reg 319/08
- HPPA Regulated Premises
- Non Regulated
- Private residence
- SDWA O. Reg 170/03

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 | ☐ |
For Drinking Water
Fill In the Reason for Sampling Box:
Indicate all applicable boxes

For Outbreak Investigations
- Enter the Outbreak number
- Enter the Etiological Agent if known
- Tick off if the test is for a specific Etiological Agent or Test for Potability

For Non Potable Water
Fill In the Sample Information - Non-Potable Box:
Refer to Public Health Ontario’s Public Health Inspector’s Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca) for definitions
- Date of collection
- Time of collection
- Name of individual collecting the sample
- Sampling Site (e.g. name of beach)
- Tick off the type of water submitted

For Multiple Sample Requisitions Fill In:
- Collection site and time of collection is recorded in the “Identification of Collection Site & Time Collected” column
- The barcode sticker from the sample bottle must be placed on the top copy of the requisition in the “Barcode” column. If the barcode cannot be removed from the bottle write the number in the “Barcode” column
- “Free or combined chlorine residual (mg/L)” is recorded if determined
- If an HPC test is required, indicate in the “HPC Requested” column (N.B. for treated drinking water samples only)

<table>
<thead>
<tr>
<th>Identification of Collection Site &amp; Time Collected</th>
<th>Barcode</th>
<th>Free or combined chlorine (mg/L)</th>
<th>HPC Requested</th>
<th>Bacterial Counts (CFU) Based on 100mL Vol. by Membrane Filtration</th>
<th>HPC Requested</th>
<th>E. coli</th>
<th>F. aeruginosa</th>
<th>Presumptive Staphylococci</th>
<th>HPC (CFU) Based on 1mL Vol. by Spread Plate</th>
<th>Lab. No./Date &amp; Time Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total Coliforms (CFU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>E. coli</td>
<td>F. aeruginosa</td>
<td>Presumptive Staphylococci</td>
<td>E. aureus</td>
<td></td>
<td>Lab. No./Date &amp; Time Received</td>
<td></td>
</tr>
</tbody>
</table>

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: [hh : mm AM / PM] (Circle one)
Collected by:
Sampling site:
Public Beach
Recreational Water Facility / Hydrotherapy Pool
Suspected Sewage Contamination
Other* (Please specify)
*Call laboratory before sampling
Collecting the Sample:


For legal samples or samples submitted under an Ontario drinking water regulation, the chain of custody must be complete when the sample is received at the laboratory.

Transporting the Sample to the Laboratory:

Water samples may be dropped off at the PHL between the following hours:

8 a.m. to 4:30 p.m. Monday to Friday for regional laboratories
8 a.m. to 4:30 p.m. Sunday to Friday for the Toronto laboratory

The Public Health Ontario Laboratories do not routinely accept water samples on Saturday, Sunday (except Toronto) or statutory holidays.

For public health emergencies contact your local public health laboratory prior to delivery if the sample(s) is expected to arrive outside of the hours listed above.

Transport the sample(s) and completed requisition to the laboratory as quickly as possible. Drinking water samples must be tested within 48 hours of collection; non potable samples within one calendar day of collection. Keep the sample(s) cool, but not frozen (e.g. in a cooler with frozen ice packs).

For health and safety reasons, samples identified as “Suspected Sewage Contamination” must be transported in a Sewage Sample kit. To order kits, contact your local Public Health Ontario Laboratory (www.oahpp.ca).
Relinquishing the Sample:


Regular sample submission:

Deliver the sample to the laboratory within the acceptable holding time.

STAT sample submission:

Notify laboratory personnel prior to submission. Transport the sample to the laboratory as soon as possible.

Regulated drinking water sample submission - HPPA O. Reg. 319/08 or SDWA O. Reg. 170/03:

For samples submitted under an Ontario drinking water regulation, the chain of custody must be complete when it is received at the laboratory. To ensure the chain of custody is not compromised:

1. Use a “Regulated Water” seal if the person collecting the sample cannot deliver it directly to the laboratory:

   a) Secure the seal over the cap of the sample
   b) Initial the seal and indicate the date the seal was secured

2. Deliver the sample directly to the laboratory and complete the “For Regulated Drinking Water or Legal Samples” section of the requisition including:

   a) The printed name of the person relinquishing the sample to laboratory personnel
   b) The signature of the person relinquishing the sample
   c) Date and time the sample(s) is relinquished

For Regulated Drinking Water or Legal Samples:

Relinquished By: __________________________ For Lab Use: __________________________

Relinquished By: __________________________ Received By: __________________________

Date: __________ Time: __________ Date: __________ Time: __________
Legal water sample submission:

For samples that will be used as evidence in legal proceedings, contact the laboratory prior to collection. These samples **must** have a completed chain of custody when received at the laboratory.

1. **Affix a Legal seal:**
   - a) Secure the seal over the cap of the sample
   - b) Initial the seal and indicate the date the seal was secured

2. **Complete the “For Regulated Drinking Water or Legal Samples” section of the requisition with:**
   - a) The printed name of the person relinquishing the sample to laboratory personnel
   - b) The signature of the person relinquishing the sample
   - c) Date and time the sample(s) is relinquished

```
For Regulated Drinking Water or Legal Samples:

Relinquished By: ______________________ For Lab Use: ______________________
(Print Name) (Signature)

Relinquished By: ______________________ Received By: __________

Date: ___________ Time: __________ Date: ___________ Time: __________
```
### Accessing the Results:

**Regular sample submission**

**Drinking Water – Non-Regulated or HPPA Regulated Premises:**

<table>
<thead>
<tr>
<th>Result</th>
<th>Phone Health Unit</th>
<th>Fax Health Unit</th>
<th>* Provincial Parks samples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse</td>
<td>Only if requested</td>
<td>Yes</td>
<td>Faxed Yes A Copy sent Yes</td>
</tr>
<tr>
<td>Rejected</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
<td>Only if requested Yes</td>
</tr>
</tbody>
</table>

* For Provincial Park samples, faxes and copies are sent to the MNR Public Health Policy Officer.

**Non-Potable Water – Public Beach Water:**

<table>
<thead>
<tr>
<th>Result</th>
<th>Phone Health Unit</th>
<th>Fax Health Unit</th>
<th>* Provincial Parks samples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse</td>
<td>Only if requested</td>
<td>Yes</td>
<td>Faxed Yes A Copy sent Yes</td>
</tr>
<tr>
<td>Rejected</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
<td>Only if requested Yes</td>
</tr>
</tbody>
</table>

* For Provincial Park samples, faxes and copies are sent to the MNR Public Health Policy Officer.

**All Other Non-Potable Water:**

<table>
<thead>
<tr>
<th>Result</th>
<th>Phone Health Unit</th>
<th>Fax Health Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
</tr>
<tr>
<td>Rejected</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
</tr>
</tbody>
</table>
STAT sample submission:

Results are delivered immediately either by phone or fax once the result is authorized for release.

Regulated HPPA O. Reg. 319/08 drinking water sample submission:

Submitted by a Health Unit:

<table>
<thead>
<tr>
<th>Result</th>
<th>Immediately after result is available:</th>
<th>Up to 24hr after telephoning the result:</th>
<th>Computer entry (LRMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Health Unit</td>
<td>Phone Water Work Owner</td>
<td>Fax MOHLTC (416-327-0984)</td>
</tr>
<tr>
<td>Adverse</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
<td>Only if requested</td>
</tr>
</tbody>
</table>

Submitted by a Provincial Park:

<table>
<thead>
<tr>
<th>Result</th>
<th>Immediately after result is available:</th>
<th>Up to 24hr after telephoning the result:</th>
<th>Copy set to MNR Public Health Policy Officer</th>
<th>Computer entry (LRMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Health Unit</td>
<td>Phone MNR Public Health Policy Officer</td>
<td>Fax MOHLTC (416-327-0984)</td>
<td>Fax Health Unit</td>
</tr>
<tr>
<td>Adverse</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-adverse</td>
<td>Only if requested</td>
<td>Only if requested</td>
<td>Only if requested</td>
<td>Only if requested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result</th>
<th>Fax MNR Public Health Policy Officer</th>
<th>Copy set to MNR Public Health Policy Officer</th>
<th>Computer entry (LRMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Regulated SDWA O. Reg 170/03 drinking water sample submission:

<table>
<thead>
<tr>
<th>Result</th>
<th>Immediately after result is available:</th>
<th>Up to 24hr after telephoning the result:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Health Unit</td>
<td>Phone Water Work Owner</td>
</tr>
<tr>
<td>Adverse</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-adverse</td>
<td>Only if requested</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result</th>
<th>Phone Health Unit</th>
<th>Fax Health Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Legal water sample submission:

Results are delivered once the result is authorized for release.

Private Citizen Drinking Water Samples:

Private Citizens who own their own source of drinking water that serves a single household can send drinking water samples for testing to the PHL. These samples are analyzed for the microbial water quality indicators Total coliforms and *Escherichia coli*.

The Water Testing Information System (WTIS) is a computer application used by all PHL to facilitate Public Health Ontario's objective of collecting and managing the information related to the water testing service.

Once the results are approved in the system, the sample information and results are transferred electronically in a secure manner on a daily basis to the Ministry of Health and Long-Term Care Public Health Division and associated Public Health Unit via the Water Testing Information System Electronic Notification (WTISEN).

The system also allows submitters to retrieve their results and interpretation through the Interactive Voice Response (IVR) by calling a toll free telephone number and keying in the barcode associated with their sample.
Private Citizen submitters have options for accessing their results:

- By mail when “Please mail to my mailing address above” is indicated on the requisition.
- Picked up at the laboratory (with photo identification) when “I will pick up report at the laboratory” is indicated on the requisition.

  - Anyone wishing to pick up the report on behalf of the submitter must have a
    Potability of Water Release form (http://www.oahpp.ca/services/water-testing.html) signed by the submitter and show photo identification when picking up the report.
  - Alternately, a Freedom of Information request may be made to the PHO Privacy Officer (refer to www.oahpp.ca).


Private Citizens requiring assistance with the interpretation of results or advice on drinking water quality are to contact their local public health unit.

**Ordering Supplies:**

To order supplies, complete the “Requisition for Containers and Supplies” (http://www.oahpp.ca/resources/laboratory-materials.html) and fax to your local PHL. Toronto area clients fax to 416-235-5753.

**Appendices:**

**Appendix I**  
Bacteriological Analysis of Water  
- Single Sample Requisition for Official Agencies

**Appendix II**  
Bacteriological Analysis of Water  
- Multiple Sample Requisition for Official Agencies

**Appendix III**  
Bacteriological Analysis of Drinking Water for Private Citizen  
- SINGLE HOUSEHOLD ONLY

**Appendix IV**  
Potability of Water Release Form

**Appendix V**  
Autorisation De Divulguer Des Renseignements Sur La Potabilité De L'eau
Bacteriological Analysis of Water – Single Sample Requisition for Official Agencies

FOR DRINKING WATER: THE REGULATION STATUS OF THE SAMPLE MUST BE INDICATED, IF REGULATED, ALL NON-SHADED AREAS MUST BE COMPLETED OR THE SAMPLE WILL NOT BE ANALYZED BY THE LABORATORY AND ANOTHER SAMPLE 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 will not be processed.

Official Agency Address

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bidg. No., Street, R.R., Box No.</th>
<th>Bidg. No., Street, R.R., Box No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, Town</td>
<td>City, Town</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province</th>
<th>Postal Code</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Submitted By:</th>
<th>Public Health Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Comments/Additional Information: | |
|-----------------------------------| |

Owner of the Water Supply

<table>
<thead>
<tr>
<th>Facility:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Drinking Water Systems

<table>
<thead>
<tr>
<th>Mandatory: tick one box</th>
<th>Control</th>
<th>Audit</th>
<th>Compliance</th>
<th>Complaint Investigation</th>
<th>Outbreak Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPPO. O. Reg 318/08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPPO. Regulated Premises</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Regulated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Residence</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SDWAO. O Reg 170/03</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Reason for Sampling

<table>
<thead>
<tr>
<th>Outbreak Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Etiological Agent if Known:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test for Etiological Agent*</th>
<th>Or, Test for Potability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Call laboratory before sampling

Outbreak Investigation

<table>
<thead>
<tr>
<th>Sample Information - Drinking Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Collected:</td>
</tr>
<tr>
<td>Time Collected:</td>
</tr>
<tr>
<td>Collected By:</td>
</tr>
<tr>
<td>Sampling Site:</td>
</tr>
<tr>
<td>Free or combined chlorine residual (mg/L):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Information - Non-Potable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Collected:</td>
</tr>
<tr>
<td>Time Collected:</td>
</tr>
<tr>
<td>Collected By:</td>
</tr>
<tr>
<td>Sampling Site:</td>
</tr>
<tr>
<td>Free or combined chlorine residual (mg/L):</td>
</tr>
</tbody>
</table>

For Laboratories Only

<table>
<thead>
<tr>
<th>Tests Performed</th>
<th>Count</th>
<th>Reported By</th>
<th>Date Read</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Coliforms (CFU) per 100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escherichia coli (CFU) per 100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background (CFU) per 100mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudomonas aeruginosa (CFU) per 100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudomusive Staphylococci (CFU) per 100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus (CFU) per 100mL*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterotrophic plate count (HPC) (CFU) per mL**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: per mL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Regulated Drinking Water or Legal Samples:

<table>
<thead>
<tr>
<th>Relinquished By:</th>
<th>For Lab Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Last Name]</td>
<td>[Date: Time: Received By: ]</td>
</tr>
<tr>
<td>Signature</td>
<td>[Date: Time: ]</td>
</tr>
</tbody>
</table>

Laboratory Comments / Date Reported

End of report

*Analysis by Membrane Filtration: **Analysis by Spread Plate. * = Accredited test (drinking water)
**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 (E.G. BARCODE) MUST BE PRESENT ON BOTH THE BOTTLE AND REQUISITION WHEN RECEIVED AT THE LABORATORY OR THE SAMPLE(S) WILL NOT BE PROCESSED.*

**Outbreak Number:**

**Agency for Health Protection and Promotion**

**hh : mm**

**Source of Drinking Water**

<table>
<thead>
<tr>
<th>Ground Water (i.e. well)</th>
<th>Surface Water</th>
<th>Distribution</th>
<th>Other</th>
</tr>
</thead>
</table>

**Type of Drinking Water Systems**

<table>
<thead>
<tr>
<th>Mandatory, as on file</th>
<th>HPP A Regulated Premises</th>
<th>Non Regulated</th>
<th>HPP A O Reg 319/08</th>
<th>HPP A Regulated Premises</th>
<th>Non Regulated</th>
<th>HPP A Regulated Premises</th>
<th>Non Regulated</th>
</tr>
</thead>
</table>

**Reason for Sampling**

<table>
<thead>
<tr>
<th>Test for Etiological Agent*</th>
<th>Or, Test for Potability</th>
<th>Relinquished By: For Lab Use:</th>
</tr>
</thead>
</table>

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

*Call laboratory before sampling

**Sample Information - Non-Potable**

<table>
<thead>
<tr>
<th>Tel: (Working hrs.):</th>
<th>Tel: (After hrs.):</th>
</tr>
</thead>
</table>

**Laboratory Comments:**

*W = Accredited non-drinking water*

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**Sampling Precautions:**

- All potable samples must be <25°C when received at the lab. Samples must be received in
- 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.

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*This information is being collected in compliance with the requirements of the Safe Drinking Water 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.*
For Laboratory Use Only/Reservé à l’usage du laboratoire

Interpretation for this water sample/Interpretation de cet échantillon d’eau

This water sample was only tested for the presence of both Total Coliform and E. coli bacterial indicators of contamination, by Membrane Filtration. Cet échantillon d’eau n’a été analysé que pour déceler la présence des coliformes totaux et de bactéries colibaciliaires, indicateurs de contamination par filtration sur membrane.

NO SIGNIFICANT EVIDENCE OF BACTERIAL CONTAMINATION (Total Coliform ≤5, E. coli = 0)
(3 consecutive samples, taken 1 to 3 weeks apart, with this designation are needed to determine the stability of the water supply).

AUCUNE PREUVE DE CONTAMINATION BACTERIENNE SIGNIFICATIVE (Coliformes totaux ≤5, E. coli = 0)
(cette désignation doit être affectée à 3 échantillons consécutifs, dont le prélèvement aura été espacé de 1 à 3 semaines, pour que la source d’approvisionnement en eau soit jugée stable).

SIGNIFICANT EVIDENCE OF BACTERIAL CONTAMINATION (Total Coliform >5, E. coli = 0)
May be unsafe to drink. (Consult local health unit for information as soon as possible).

PREUVE DE CONTAMINATION BACTERIENNE SIGNIFICATIVE (Coliformes totaux >5, E. coli = 0)
Peut être non potable. (Consultez le bureau de santé local le plus tôt possible pour plus de détails).

UNSAFE TO DRINK Evidence of faecal contamination. (E. coli > 0)
Consult local health unit for appropriate action as soon as possible

EAU NON POTABLE Preuve de contamination par des matières fécales. (E. coli > 0)
Consultez le bureau de santé local le plus tôt possible pour de plus amples renseignements sur les mesures à prendre.

Total Coliform per 100 mL/Coliformes totaux par 100 mL: E. coli per/par 100 mL

Date of Analysis/Date de l’analyse: Read by/Analyse par: Date Read/Analyse effectuée le: Authorized by (Technologist)/Autorisé par (Technologist):
POTABILITY OF WATER RELEASE FORM

The Public Health Ontario, Public Health Laboratories has traditionally provided a bacteriological testing service to those residents of Ontario who must rely on well-water, as they do not have access to a treated municipal drinking water supply. To ensure confidentiality, laboratory results will be issued only to the individual whose name and return address appear on the data sheet, unless the laboratory receives written permission from that individual to release the results to another designated person.

I __________________________________________ hereby authorize the Public Health (Individual’s name that appears on the data sheet)

Laboratory to release information regarding the well water taken from the property

located at __________________________________________________________

(Street Address or Lot; Concession; Township / Municipality; County)

to __________________________________________________________

(Name)

Signature of individual whose name appears on the data sheet:

____________________________________________________________________

Date: __________________________________________________________

(yyyy/mm/dd)
AUTORISATION DE DIVULGUER DES RENSEIGNEMENTS SUR LA POTABILITÉ DE L’EAU

La Direction des laboratoires de santé publique (Santé publique Ontario) a toujours fourni des services d’analyse bactériologique aux résidents de l’Ontario dont l’eau potable provient d’un puits, parce qu’ils ne sont pas reliés à un réseau de distribution d’eau municipal. Pour garantir la confidentialité des résultats d’analyse, ceux-ci ne seront communiqués qu’à la personne dont le nom et l’adresse figurent sur la fiche de données, à moins que cette personne ait autorisé (par écrit) le laboratoire à communiquer les résultats à quelqu’un qu’elle aura désigné.

Je, _____________________________, autorise par les présentes le laboratoire de santé publique à communiquer les renseignements relatifs à l’eau de puits prélevée sur ma propriété, située au

________________________________________________________

(Adresse ou numéro du lot, concession, canton ou municipalité, comté, etc.)

à __________________________________________________________.

(Nom de la personne désignée)

Signature de la personne dont le nom figure sur la fiche de données :

________________________________________________________

Date : ___________________________________________________________________

(jour, mois et année)