



# WATER MICROBIOLOGY

## Request Form for Microbiological Analysis of WATER

Name of Sampling Officer	Client Order No/Client Project Identifier	Job No:
--------------------------	---	---------

DATE/TIME RECEIVED	CONDITION OF SAMPLE Temp °C Chilled <input type="checkbox"/> _____ Unchilled <input type="checkbox"/>	NAME AND ADDRESS FOR REPORT
HEALTH CONTRACT	YES <input type="checkbox"/> NO <input type="checkbox"/>	FAX NO: _____ PHONE: _____
COMMERCIAL CLIENTS	TLA <input type="checkbox"/> PRIVATE <input type="checkbox"/>	
Name of TLA/PHSP:		

TYPE OF SAMPLE (Please tick appropriate box)		
Drinking Water <input type="checkbox"/>	Effluent <input type="checkbox"/>	Other <input type="checkbox"/>
Non Potable Water <input type="checkbox"/>	Saline Recreational Water <input type="checkbox"/>	<input type="checkbox"/>
Swimming/Spa Pool <input type="checkbox"/>	Fresh Recreational Water <input type="checkbox"/>	<input type="checkbox"/>

WEATHER CONDITIONS:	REASON FOR TESTING (Please tick)		
At Time of Sampling:	Routine Monitoring <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Illness <input type="checkbox"/>
Previous Two Days:	Complaint <input type="checkbox"/>	Building Consent <input type="checkbox"/>	Retest <input type="checkbox"/>

TESTS REQUIRED: (Please tick relevant tests)			
Escherichia coli:	Colilert MPN <input type="checkbox"/>	Colilert P/A <input type="checkbox"/>	MPN <input type="checkbox"/> MF <input type="checkbox"/>
Faecal Coliforms:		P/A <input type="checkbox"/>	MPN <input type="checkbox"/> MF <input type="checkbox"/>
Enterococci:		Enterolert <input type="checkbox"/>	MPN <input type="checkbox"/> MF <input type="checkbox"/>
Heterotrophic Plate Count:			35°C <input type="checkbox"/> 22°C <input type="checkbox"/>
Swimming /Spa Pool Water (HPC@35°C, Faecal Coliforms, Pseudomonas, Staphylococcus) <input type="checkbox"/>			
Other(s) <input type="checkbox"/>			

LAB No.	Client Ref No.	Date & Time Sampled	Name of Supply Point (Please provide Zone Code/Treatment Plant Code where appropriate)	Water Sample Information**			
				Source*	Type *	FAC	Treatment*
			CODE: _____				
			CODE: _____				
			CODE: _____				
			CODE: _____				

Where an \* is indicated, please follow the key below:

SOURCE OF SUPPLY		TYPE OF SUPPLY		TREATMENT	
1 Well/Bore	5 Roof run-off	8 Spring Head	12 Chlorination	15 Filtration	
2 River, Stream	6 Spring	9 Well Head	13 Ultra Violet	16 Coagulation	
3 Water Race, Canal	7 Gallery	10 Building Reticulation	14 Ozone		
4 Reservoir		11 Storage Tank	UT Untreated		

\*\* HPOs may choose not to provide water sample information if the zone code is known.

LAB No.	Client Ref No.	Date & Time Sampled	Name of Supply Point (Please provide Zone Code/Treatment Plant Code where appropriate)	Water Sample Information**			
				Source*	Type *	FAC	Treatment*
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				

Where an \* is indicated, please follow the key below:

SOURCE OF SUPPLY		TYPE OF SUPPLY		TREATMENT	
1 Well/Bore	5 Roof run-off	8 Spring Head	12 Chlorination	15 Filtration	
2 River, Stream	6 Spring	9 Well Head	13 Ultra Violet	16 Coagulation	
3 Water Race, Canal	7 Gallery	10 Building Reticulation	14 Ozone		
4 Reservoir		11 Storage Tank	UT Untreated		

\*\* HPOs may choose not to provide water sample information if the zone code is known.

### ESR Public Health Laboratories

**Christchurch**  
 ESR Christchurch Science Centre  
 27 Creyke Road  
 PO Box 29-181  
 CHRISTCHURCH  
 Phone:(03) 351 0053 (DDI)  
 Fax:(03) 351 0010