

# 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

Agency Name:	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Submitted By:	
Submitted To:	Public Health Lab
Comments/Additional Information:	

### Owner of the Water Supply

Facility:	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Contact Name(s):	
Tel: (Working hrs.):	(After Hours)
Fax:	
Waterworks No.:	Not assigned <input type="checkbox"/> Assigned <input type="checkbox"/> if assigned, indicate number

### Reason for Sampling

Mandatory (select HPPA or SDWA):	<b>Optional:</b>
Non Regulated HPPA <input type="checkbox"/>	Control <input type="checkbox"/>
Regulated HPPA <input type="checkbox"/>	Customer Complaint <input type="checkbox"/>
SDWA <input type="checkbox"/>	HACCP Audit, food premises <input type="checkbox"/>
Indicate O. Regulation #: _____	Outbreak Investigation <input type="checkbox"/>

### Outbreak Investigation

Outbreak Number: _____
Etiological Agent if Known: _____
Test for Etiological Agent* <input type="checkbox"/> Or, Test for Potability <input type="checkbox"/>
<b>*Call laboratory before sampling</b>

### Sample Information-Drinking Water

### Source of Drinking Water

(Check all applicable boxes)	Municipal <input type="checkbox"/>	Treated <input type="checkbox"/>
Date Collected: _____	Non-Municipal <input type="checkbox"/>	Non Treated <input type="checkbox"/>
Time Collected: _____	Private Residence <input type="checkbox"/>	Well (Ground water) <input type="checkbox"/>
Collected By: _____	Bottled Water <input type="checkbox"/>	Surface Water <input type="checkbox"/>
Sampling Site: _____	Other: _____ <input type="checkbox"/>	Distribution <input type="checkbox"/>
Free or combined chlorine residual (mg/L): _____	HPC test Requested <input type="checkbox"/>	

### Sample Information-Non-Potable

Date Collected: _____
Collected By: _____
Sampling Site: _____
Recreational <input type="checkbox"/>
Pool (Spa, swimming, wading, hydrotherapy, whirlpool, etc.) <input type="checkbox"/>
Suspected Sewage Contamination <input type="checkbox"/>
Other * (Please specify): _____ <input type="checkbox"/>
<b>*Call laboratory before sampling</b>

All 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 and regulated drinking water must be received in the laboratory within 48 hours of collection; non-regulated drinking water must be received in the laboratory within 2 calendar days of collection.

### For Laboratories Only

Tests Performed	Count	Reported By	Date Read
Total Coliforms (Cfu) per 100mL*∇			
Escherichia coli (Cfu) per 100mL*∇			
Background (Cfu) per 100mL*			
Pseudomonas aeruginosa (Cfu) per 100mL*			
Presumptive Staphylococci (Cfu) per 100mL*			
Staphylococcus aureus (Cfu) per 100mL*			
Heterotrophic plate count (HPC) (Cfu) per mL**∇			
Other: _____ per _____ mL			
Date of Analysis:	Authorized By: _____ (Technologist)		

<b>For Regulated Drinking Water or Legal Samples:</b>	
Relinquished By: _____	For Lab Use:
(Print Name)	
Relinquished By: _____	Received By: _____
(Signature)	
Date: _____ Time: _____	Date: _____ Time: _____

### Laboratory Comments / Date Reported

\*Analysis by Membrane Filtration: \*\*Analysis by Spread Plate. ∇ = Accredited test (drinking water)  
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. The Ontario Agency for Health Protection and Promotion 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>	81 Resources Road P.O. Box 37, Station B Etobicoke, ON M9W 5K9	Tel: (416) 235-5937 Fax:(416) 235-5753
<b>Hamilton</b>	250 Fennell Avenue West P.O. Box 2100 Hamilton, ON L8N 3R5	Tel: (905) 385-5379 Fax:(905) 385-0083
<b>Kingston</b>	181 Barrie Street Box 240 Kingston, ON K7L 4V8	Tel: (613) 548-6630 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 Fax:(519) 455-3363
<b>Orillia</b>	750 Memorial Avenue P.O. Box 600 Orillia, ON L3V 6K5	Tel: (705) 325-7449 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 Fax:(705) 945-6873
<b>Sudbury</b>	1300 Paris St. Ste 2 Sudbury, ON P3E 6H3	Tel: (705) 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 Fax:(705) 360-2006
<b>Windsor</b>	3400 Huron Church Road P.O. Box 1616 Windsor, ON N9A 6S2	Tel: (519) 969-4341 Fax:(519) 973-1481

ANALYSIS PERFORMED	COLONY COUNT per volume tested (mL)						Count/100mL *Count/1mL	Date & Time Read	Initials
	100	50	10	1.0	0.1	0.01			
Total Coliforms BY MEMBRANE FILTRATION									
<i>Escherichia coli</i> BY MEMBRANE FILTRATION									
Background BY MEMBRANE FILTRATION									
Heterotrophic Plate Count (HPC) * BY SPREAD PLATE									
<i>Pseudomonas aeruginosa</i> BY MEMBRANE FILTRATION									
<i>Staphylococcus aureus</i> BY MEMBRANE FILTRATION									

**CONFIRMATION:**

Isolate	No. Col. picked	No. Oxidase +	No. ONPG +	No. LST Gas + (Optional)		No. + by API 20E (Attach API sheet)	Count per 100mL	Date & Time Read	Initials
				24hr	48hr				
<b>Total Coliform</b>									

Isolate	No. Col. picked	No. + by API 20E (Attach API sheets)	Other test if performed (specify)	Count per 100mL	Date & Time Read	Initials
<i>Escherichia coli</i>						

Isolate	Test	No. Col. picked	No. Positive (Attach API sheet)	Count per 100mL	Date & Time Read	Initials
<i>P. aeruginosa</i>	API 20E:					
<i>S. aureus</i>	Catalase:					
	Coagulase:					
	Gram Stain:					