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Request for Bacteriological **Analysis of Potable Water**

Public Health Laboratory

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Customer: Contact Details (new customers or amendments) Address:			Date Sampled:				
			Date	Received: _			
			Time	Received:			
			Purch	nase Order:.			
Email:			Sampling Officer:				
Tel: Fax:			Signa	Signature:			
Reason for Analysis: Source of Sample:		Drinking Wa Food process Reticulated Roof / Tank		N	QIS Factory V ew Supply Sor am / Reservoi ore / Well	urce	
		River / Creek	(S _F	oring		
Weather Conditions : Dry Light Rain Heavy Rain		Hot Mild Cold		Fi	Code ntreated ltered hlorinated		
Sample Name		Time	Sample ID	рН	Temp. (°C)	Residual Cl (ppm)	
Requested Testing	Coliforms Thermotolerant Coliforms E. coli Coliforms Heterotrophic Colony Count Enterococci Pseudomonas aeruginosa						
Note: Confidentiality exclusion - The P for Drinking Waters under the <i>Laborato</i>							
Comments:							
Laboratory Use Only Temperature on Receipt:°	C	Job Number:	:		Registered by	 :	