

Analysis Request Form

Raw surface water microbiology

Date of reception by laboratory:

Laboratory sample #:

Responsible

A) Name and address of responsible

Name:

Address:

Telephone:

B) Results mailing address (if different from responsible's address)

Name:

Address:

Telephone:

Production facility

Production facility #:

Production facility name:

Administrative region:

Municipality:

Sample

Sampling date:

Sampling location:

Sampled/measured by:

Type of sampling location:

Raw water

Signature:

I attest that the water samples were collected, conserved and analyzed on-site in compliance with the requirements of the Regulation respecting the quality of drinking water (RRQDW).

Analysis results

Type(s) of analyses required:

Raw surface water - Sect. 53.0.1

Raw surface water - Sect. 22.0.1

Non- RRQDW monitored analysis

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #	Sample #				
30 - 32			<input type="checkbox"/> Escherichia coli (CFU/100 ml)			

NB: Domains 30 and 32: enumeration (CFU/100ml)

Test laboratory report

Rejected sample bottle(s):

Reason for rejection:

Remarks:

Test laboratory accreditation #:

Name and address of test laboratory

Analysis report date:

Name:

Address:

Signature:

Telephone: