

Analysis Request Form

Distributed 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:

Distribution system

Distribution system #:

Distribution system name:

Administrative region:

Municipality:

Sample

Sampling date:

Sampling location:

Sampled/measured by:

Type of sampling location:

- Distribution system outermost limit
 Distribution system
 Water tank truck
 Reservoir outlet where the tank truck is supplied with water

Back to compliance sample

Free chlorine residual (on-site):

 mg/l

Total chlorine residual (on-site):

 mg/l

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 of analyses required:

Microbiology - Sect. 11

Non- RRQDW monitored analysis

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #	Sample #				
1			<input type="checkbox"/> Atypical colonies (total coliform) (CFU/100 ml)			
1 - 4			<input type="checkbox"/> Total coliform (CFU/100 ml)		<input type="checkbox"/> Escherichia coli (CFU/100 ml)	

Note: Domain 1: enumeration (CFU/100 ml); Domain 4: presence/absence (100 ml)

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: