

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORM



Indian River County Health Department
DOH Lab # E23759
1900 27th Street
Vero Beach, FL 32960

Ph: 772-794-7440

Report Number: _____

Lab Receipt Date & Time: _____
 Received By: _____
 Analysis Date & Time: _____
 Analysis By: _____

Sample Acceptance Criteria:
 Sample Volume: _____ or 100 ml
 Sample Preservation: On Ice Not on Ice _____ °C
 Disinfectant Check: Not Detected or _____ mg/L
 This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: _____ **PWS I.D.**

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PWS Address: _____ City: _____

PWS Phone #: _____ Fax #: _____

Collector: _____ Collector's Phone #: _____

Type of Supply: (check only one)

- Community Water System Non-Transient Non-Community Water System Transient Non-Community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: _____

To be completed by collector of sample						To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Total Coliform Analysis Method: SM9223B			
						E. coli Analysis Method: SM9223B			
						Total Coliform	E. coli	Data Qualifier ²	Lab Sample Number
Average of disinfectant residuals for distribution routine & repeat samples. ³ Free chlorine or Total Chlorine (circle one).						Media Lot Number Used: _____			
Disinfectant Residual Analysis Method: <input type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____						Lab Incubator Used: _____			
Person performing disinfectant analysis is (see instructions on reverse): <input type="checkbox"/> A certified operator (# _____) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date/Time/Temp in Incubator: _____			
						Date/Time/Temp out of Incubator: _____			
Name and mailing address of person to receive report						Date and time PWS notified by lab of positive results: _____			
						Date and time DEP/DOH notified by lab of positive results: _____			
						Date Report Issued: _____			
						Lab Signature: _____			
						Name/Title: _____			
						DEP/DOH USE ONLY			
						<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information			
						<input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required			
						Date Reviewed by DEP/DOH: _____			
						DEP/DOH Reviewing Official: _____			

1. Sample Type indicates the sample type for each sample collected. Sample type codes are: D=Distribution (routine compliance), C=Repeat/Check, R=Raw, N=Entry Point to Distribution, P= Plant Tap, S=Special (clearance, etc.) 2. Defined in Florida Administrative Code Rule 62-160, Table 1. 3. Complete for Community and Non-Community Systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Unless otherwise noted; all tests are performed in accordance with NELAC standards. Above results were obtained from tests performed on samples as received by the laboratory. The results relate only to the samples received. Statement of Estimated Uncertainty available upon request. Inquiries may be directed to the report signatory at 772-794-7440.

A = Absent

P = Present

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

Fields to be completed by the sample collector:

1. Public Water System (PWS)..... Provide the full name of the public water system.
2. PWS I.D..... Provide the 7-digit DEP PWS ID number.
3. PWS Address..... Indicate the PWS's mailing address.
4. City..... Indicate the city in which the PWS is located (if not in a city, indicate county).
5. PWS or Owner's Phone #..... Provide the PWS or PWS owner's phone number in case there are positive results.
6. PWS or PWS Owner's Fax #..... Provide the PWS or PWS owner's fax number.
7. Collector..... Provide the sample collector's first and last name.
8. Collector's Phone #..... Provide the sample collector's phone number.
9. Type of Supply..... Check the box next to the type of PWS or source being tested.
10. Reason for Sampling..... Check the box next to the reason the samples are being collected.
11. Sample Collection Date..... Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
12. Sample #..... Provide a unique number for each sample.
13. Sample Point..... Provide the specific street address (or equivalent) for each sample collected.
14. Sample Collection Time..... Provide the time of collection for each sample collected.
15. Sample Type..... Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
16. Disinfectant Residual..... Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
17. pH..... Not required for drinking water samples.
18. Average of Disinfectant Residuals..... Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
19. Disinfectant Residual Analysis Method..... Indicate the method used to determine disinfectant residual(s).
20. Person performing disinfectant analysis..... Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
21. Name and Mailing Address of Person to Receive Report..... Provide the name and mailing address of the PWS owner or representative who will receive the report.

Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number..... This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time..... Indicate the date and time samples were received in the lab.
3. Analysis Date & Time..... Indicate the date and time of analysis.
4. Sample Preservation..... Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check..... Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s)..... Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B"). The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Total Coliform..... Indicate the presence or absence of total coliform bacteria.*
8. Fecal Coliform..... Indicate the presence or absence of fecal coliform bacteria.*
9. *E. coli*..... Indicate the presence or absence of *E. coli* bacteria.*
10. Data Qualifier..... Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
11. Lab Sample #..... Provide a unique number for each sample.
12. Date and time PWS notified by lab of positive results..... In the event of positive results, indicate the date and time the lab notified the PWS.
13. Date and time DEP/DOH notified by lab of positive results..... In the event of fecal coliform, *E. coli*, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
14. Lab Signature..... Signature of lab director or other authorized representative of the lab.
15. Title..... Provide the title of the lab representative signing the report.

* A = Absent, P = Present