

Temperature on Receipt: \_\_\_\_\_°C

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## Request for Bacteriological Analysis of Potable Water

## **Public Health Laboratory**

18 St Johns Avenue New Town TAS 7008 Phone: (03) 6166 1106

Email: publichealth.lab@health.tas.gov.au Website: www.health.tas.gov.au/phlab

Registered by: \_\_\_\_\_

Customer: Contact Details (new customers or updates only) Address:			Date Sampled:  Date Received:  Time Received: .										
										Purch	ase Order:.		
							Email:		Sampling Officer:				
<b>Tel:</b> Fax:			Signa	ture:									
Reason for Analysis:		Drinking Wa Food process			QIS Factory Wa lew Supply Sourc								
Source of Sample:	F	Reticulated Roof / Tank River / Creel	<	В	am / Reservoir ore / Well oring								
Weather Conditions:  Dry  Light Rain  Heavy Rain	1	Hot Mild Cold		Fi	Code ntreated Itered hlorinated								
Sample Name		Time	Sample ID	Temp. (°C)	Residual CI (ppm)	рН							
Requested Testing	Coliforms Heterotrophic Colony Count Thermotolerant Coliforms Enterococci												
MPN or CFU (if required)		E. coli	ant Comorni	<b>——</b>	seudomonas aerug	ginosa							
<b>Note:</b> Confidentiality exclusion - The P for Drinking Waters under the <i>Laboraton</i>													
Comments:				·									
Laboratory Use Only													

Job Number: \_\_\_\_\_