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Request for Bacteriological Analysis of Shellfish Lease Water

Public Health Laboratory

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Customer: TSQAP	Date Sampled: Date Received: Time Received:						
Contact Details (new customer							
Address:							
	Purcha			se Order:			
Email:	Sampling Officer:						
Tel: (03) 61660690 Fax:			Signature:				
Reason for Analysis:	TSQAP Survey Tide Stage (use below): I Low Rising		w):	Wind Direction (use below) North			
	2 Mid Rising 3 High 4 Mid Falling 5 Low Falling 6 Low			2 North-East 3 East 4 South-East 5 South 6 South-West 7 West North-West 9 Calm			
Sample Site	Site No.	Time	Tide	Wind	Temp. (°C)	Salinity	
Requested Testing	X Ther	motolerant (Coliforms	Colif	orms rotrophic Co	olony Count	
MPN or CFU (if required)	-	rococci			rine Colony		
Comments:				*	Test is not NAT	A-accredited	
Laboratory Use Only Temperature on Receipt:	_°C Job 1	Number:		Reg	gistered by: _		