


Section 1 - Client / Sample Information

			PHSA LABORATORIES USE ONLY	
			Lab Number	Date Received
MHO/EHO IN CHARGE		DRINKING WATER OFFICER		WATER SUPPLIER
Name:		Name:		Name:
Phone #:		Phone #:		Phone #:
Fax #:		Fax #:		Fax #:
Pager #:		Pager #:		Pager #:
Email:		Email:		Email:
REPORT DELIVERY: HEALTH UNIT/AUTHORIZED PERSON'S NAME AND FULL ADDRESS			ADDITIONAL COPIES TO:	
Sampler's Name:			Date/time collected: (YY/MM/DD) (HR)	
DRINKING WATER				
Type: <input type="checkbox"/> Distribution System <input type="checkbox"/> Intake/Raw Source: <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Combined				
System Treatment: <input type="checkbox"/> Treated <input type="checkbox"/> Untreated Sample submitted for: <input type="checkbox"/> Audit <input type="checkbox"/> Monitoring <input type="checkbox"/> Positive Retest <input type="checkbox"/> Overgrowth Retest				
System Type/Population Served: <input type="checkbox"/> WS1 <input type="checkbox"/> WS2 <input type="checkbox"/> WS3 <input type="checkbox"/> Other Public WS <input type="checkbox"/> Private Supply				
Population Served: <input type="checkbox"/> >100,000 <input type="checkbox"/> 5,001 - 100,000 <input type="checkbox"/> 0 - 5,000 <small>Note: WS1: >300 connections; WS2: 15 - 300 connections; WS3: 2-14 connections; Other Public WS: eg. daycare, restaurant</small>				
System Name:			GIS Location: Longitude _____ Latitude _____	
Site Name:			Site Address:	
Sample submitted for purpose of Drinking Water Protection Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the water system currently on Boil Water Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RECREATIONAL AND OTHER WATER				
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sewage/Pollution <input type="checkbox"/> Ice <input type="checkbox"/> Marine Bathing Beach <input type="checkbox"/> Freshwater Bathing Beach				
Swimming pools/whirlpools only: Chlorine Residual _____ ppm pH _____ <input type="checkbox"/> Other, specify _____				
Facility/Site Name:			Site Description:	
Check 2 consecutive volumes for sewage/pollution <input type="checkbox"/> 50mL <input type="checkbox"/> 10mL <input type="checkbox"/> 1mL <input type="checkbox"/> 0.1mL <input type="checkbox"/> 0.01mL <input type="checkbox"/> 0.001mL				
<h1>BARCODE</h1>				

Section 2 - Test Information

TEST REQUESTED	LABORATORY USE ONLY		
	Preliminary Result	Technician Initial & Date	Final Count
<input type="checkbox"/> Total Coliform (Count/100mL)			
<input type="checkbox"/> Fecal Coliform (Count/100mL)			
<input type="checkbox"/> <i>E. coli</i> (Count/100mL)			
<input type="checkbox"/> Enterococci (Count/100mL)			
<input type="checkbox"/> HPC - 35°C, 2 Day (CFU/mL)			
<input type="checkbox"/> HPC - 20°C, 5 Day (CFU/mL)			
<input type="checkbox"/> Enzyme Substrate Coliform Test (Count/100mL)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> (Presence/Absence)			

INSTRUCTIONS FOR COLLECTING WATER SAMPLES FOR BACTERIOLOGICAL EXAMINATION

1. OUTFITS

Two types of outfits are issued, both containing a small amount of sodium thiosulphate, requisition forms and ziploc bags.

- A. 8oz sterile plastic bottle – for water sample
- B. 8oz sterile wide-mouth glass bottle – for ice sample

2. SAMPLING PROCEDURES

A. Sampling protocol varies with different types of water:

- Water from tap without attachments – run water for 2 to 3 min before sampling.
- Water from mixing faucet – remove faucet attachments such as aerators, filters, hoses, screen or splash guard, run hot water for 2 min, then cold water for 2 to 3 min before sampling.
- Water from well – pump for about 5 to 10 min before sampling, or collect directly from well by means of a sterilized bottle fitted with a weight at the base, taking care to avoid contact with surface scum.
- Surface water (pond, lake, stream, spring, river, reservoir) – collect samples where water is deep enough to avoid sediment. Hold bottle near base; plunge mouth of bottle under surface of water and fill by turning neck slightly upward and directing mouth upstream or forward away from sampler.

B. With full aseptic precautions, remove cap from sterile bottle and fill, without rinsing, to 200mL fill line or to within 2.5 cm of top. Replace cap securely at once.

3. LABELLING

- A. Fill in sample bottle label and requisition form, print clearly.
- B. Client contact information and date / time of collection must be filled in.
- C. Check required tests and check 2 consecutive test volumes for sewage/pollution sample.
- D. If water sample is from a bathing beach, please indicate marine or freshwater. Please refer to Health Canada Guidelines (2).

4. SHIPPING

Ship promptly early in the week, and ship under refrigeration in cooler with sufficient ice packs to maintain temperature at < 8°C if sample cannot reach the laboratory within six hours of collection. Ship only by same day or overnight courier.

(Samples exceeding 30 hours holding time will not be tested)

Send coolers labeled “**Critical Shipment - Water Samples**” to BCCDC Environmental Microbiology, 655 W. 12th Avenue, Vancouver, BC V5Z 4R4
Coolers should only contain water samples and not exceed 30 bottles per cooler.

REFERENCES

- 1) “Standard Methods for the Examination of Water and Wastewater”, 22nd Edition, A.P.H.A., A.W.W.A., W.P.C.P., New York, 2012, Part 9000.
- 2) Health Canada (2012). Guidelines for Canadian Recreational Water Quality: Third Edition. Water, Air and Climate Change Bureau, Healthy Environments and Consumer Safety Branch, Health Canada, Ottawa, Ontario. (Catalogue No H129-15/2012E)