

**San Mateo County Public Health Laboratory**

**225 W. 37th Avenue, Room 113**

**San Mateo, CA 94403**

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**CLIA Number 05D0857622 ELAP Number 1591**

**Lab Use Only**

Date Received: \_\_\_\_\_\_\_\_\_

Time Received: \_\_\_\_\_\_\_\_\_

Temperature: \_\_\_\_\_\_\_\_\_

Initials:

**REQUEST FOR WATER TESTING**

|  |  |  |
| --- | --- | --- |
| **A) Sample Type** | **B) Analysis Requested** | **C) Sample Information** |
| ***Drinking Water***   * Chlorinated * Raw * Source   ***Wastewater***   * WWTP * Influent * Effluent * Lagoon * Mixed liquor   ***Recreational Water***   * Fresh  Salt   ***Surface Water***   * Fresh  Salt * Other \_\_\_\_\_\_\_\_\_ | ***Microbiology***   * Total Coliforms and *E. coli*   Presence / Absence (SM9223B)   Total Coliforms and *E. coli* Enumeration (SM9223B)   Fecal Coliforms (IDEXX)   Enterococci Enumeration (SM9230D)   Heterotrophic Plate Count (SM9215B)   Membrane Filter Test (SM9222B)   Multiple Tube Fermentation (SM9221) (Wastewater only)  ***Environmental Health Panels***   AB 411 (EH Only)   AB 1876 (EH Only)  ***Physical Properties***   Color  Odor  Turbidity | Sample Date: \_\_\_\_\_\_\_\_\_\_\_  Sample Time: \_\_\_\_\_\_\_\_\_\_\_  Chlorine Residual Level: \_\_\_\_\_\_\_\_\_ mg/L |
| Sampler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sampler Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Sample Collection Information:***  System Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample Site / Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  System ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sample #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Comments** | **D) Special Reporting Instructions** | **E) Billing Information:** |
|  |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
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| **Lab Use Only**  **BATCH ID:** | | **Pre-warm (if applicable):**  **Date:**  **Time In / Out:**  **Incubator temp:** | | **Test Incubation Start**  **Date : \_\_\_\_\_\_\_\_\_**  **Time In: \_\_\_\_\_\_\_**  **Analyst Initials: \_\_\_\_\_\_\_** | | **Test End / READ**  **Date: \_\_\_\_\_\_\_\_\_\_**  **Time Out: \_\_\_\_\_\_\_**  **Analyst Initials: \_\_\_\_\_\_\_\_** | |
| **P/A (Colilert-18):**  Absent  Total Coliforms PRESENT  E. coli PRESENT  **MFT (m-Endo):**  < 1 CFU / 100 mL Absent  GROWTH OBSERVED | | | | | | | |
| **Colilert-18 (TC, EC) / Enterolert (EF)Enumeration (MPN / 100 mL):** L = Large well S = Small Well | | | | | | | |
| **TC L/S:** | **MPN** | | **EC L/S:** | **MPN** | **EF L /S** | **MPN** | *Reviewed* |