

**San Mateo County Public Health Laboratory**

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

**San Mateo, CA 94403**

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**Laboratory Director: Zenda L. Berrada, Ph.D., D(ABMM)**

**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* |