

# MICROBIOLOGY WATER TESTING FORM



Western Zone Laboratory Services, 60 Vancouver St, Yarmouth NS B5A 2P5

Amount: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
 Payment Received:  Yes  No Initialed by: \_\_\_\_\_ Billed to Account:  Yes  No Initialed by: \_\_\_\_\_

**Lab Use Only**  
 Sample received by: \_\_\_\_\_ Sample Drop off Location: \_\_\_\_\_  
 Date/Time received/refrigerated: \_\_\_\_\_  
 Sample Appearance on Receipt (i.e. cloudy, yellow, etc.) \_\_\_\_\_

**SAMPLE MUST BE COLLECTED AND DROPPED OFF THE SAME DAY WITHIN DESIGNATED DROP OFF TIMES**

Client must sign and agrees to/acknowledges the following:

- \* Recommendation for sample storage and/or transportation is refrigerated (keep cool).
- \* Result accuracy may be affected if sample received greater than 2 hours after collection AND not kept cool.
- \* If for any reason samples cannot be processed in our labs, they will be sent to another CALA accredited lab for testing (No additional charge).

\* (lab initial \_\_\_\_\_) \*Client Signature: \_\_\_\_\_

Label Water samples (bottles) with the client name and location the sample was collected. Information on requisition and bottle MUST MATCH.

COMPLETE ALL AREAS BELOW TO ENSURE NO TESTING DELAYS

Lab # \_\_\_\_\_

<p><b>*CLIENT INFORMATION – Must be filled completely</b></p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Postal Code: _____</p> <p>Phone: _____</p> <p>Date &amp; Time of Water Collection: _____</p> <p>Address (of sample collection): _____</p> <p>Testing Location (i.e. kitchen tap, bathroom tap, etc.): _____</p> <p>_____</p> <p>Sample collected by (name): _____</p> <p><b>WATER SAMPLE INFORMATION</b></p> <p><input type="checkbox"/> Fax (fax #) _____</p> <p><input type="checkbox"/> Mail results</p> <p><input type="checkbox"/> Pick up results</p> <p>Note: Email reporting is not an option at this time.                  ***Please note the drop off times and locations listed below***</p> <p>Water samples must be collected the same day as drop-off, and not the evening before.</p> <p><b>**NOTE: Samples are NOT accepted on Fridays, the day preceding a holiday, on a holiday, or on weekends.</b></p>	<p><b>SAMPLE TYPE</b></p> <p><b>Drinking Water: Treated (chlorinated / UV light):</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Drinking Water Source:</b>  <input type="checkbox"/> Municipal <input type="checkbox"/> Well - <input type="checkbox"/> Dug <input type="checkbox"/> Drilled  <input type="checkbox"/> Lake <input type="checkbox"/> Reservoir <input type="checkbox"/> Spring  <input type="checkbox"/> Cistern <input type="checkbox"/> Watercourse</p> <p><b>Other Water Source:</b>  <input type="checkbox"/> Beach: <input type="checkbox"/> Salt <input type="checkbox"/> Fresh  <input type="checkbox"/> Other: _____</p> <p><b>WATER CATEGORY</b></p> <p><input type="checkbox"/> Registered (Reg #) _____  <input type="checkbox"/> Approved  <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Municipal / Government</p> <p>Chlorine Residual _____ mg/L free/total (circle) pH _____</p> <p><b>ANALYSIS REQUESTED</b></p> <p><input type="checkbox"/> <b>Routine test for drinking water - \$34.50</b>                  (Colilert Presence/Absence Test for Total Coliform and E.coli)- not a number</p> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Water Count - \$46.00</b>                  Total Coliform and E. Coli (Most Probable Number, Colilert Quanti -Tray method).</p>
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**Location & Hours for Sample Drop Off:**

<p><b>Valley Regional Hospital</b>                  (Finance Office only), Mon–Thurs, 8am–12pm</p> <p><b>Soldiers Memorial Hospital</b>                  (Finance Office only), Mon –Thurs, 8am-12pm</p> <p><b>Annapolis Community Health Center</b>                  (Lab only), Mon – Thurs, 10 - 11 am</p>	<p><b>Yarmouth Regional Hospital</b>                  (2<sup>nd</sup> floor lab only), Mon – Thurs, 8 am – 2 pm</p> <p><b>Digby General Hospital,</b>                  Mon – Thurs, 8 – 10 am</p> <p><b>Roseway General Hospital,</b>                  Mon – Thurs, 8 – 1130 am</p>	<p><b>South Shore Regional Hospital</b>                  (Business Office only), Mon –Thurs, 8am–12pm</p> <p><b>Queen’s General Hospital</b>                  (Business Office only) Mon-Thurs, 8am–9:15am</p>
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**Sampling Instruction for Bacteriological Analysis of Drinking Water**

**Container**

1. Use a sterilized sample bottle with added sodium thiosulfate preservative (chlorine neutralizer). Bottle may be available from the Department of Environment offices, water quality laboratories, or from some hospital laboratories.
2. Keep sample containers clean and free from contamination before and after collecting the sample. Do NOT open prior to collecting sample.
3. Examine the sample bottle for cracks, a missing seal, or other signs that its sterility may be compromised. If any of these indications are found, discard the bottle and request a new container.
4. **Label the bottle with your name, location of your water source, date and time.**

**Flush the system**

5. For locations at which the sample must be collected from a tap, inspect the outside of the faucet. If water leaks around the outside of the faucet, select a different sampling site.
6. Remove any aerators, strainers, attachments or purification devices from the tap.
7. If necessary, swab the faucet outlet with a disinfecting wipe to remove debris.
8. If the sample is to be taken from a tap or pump, allow the water to run for 2 - 3 minutes (per **Standard Methods for the Examination of Waste and Wastewater 23<sup>rd</sup> Edition**) before collection. This will help to remove stagnant water from the distribution system.

**Collect the Sample**

9. Where appropriate, measure and record chlorine residual. Specify free or total
10. If the bottle has a plastic seal, hold the sample container at the base and remove the seal around cap before attempting to open the bottle.
11. Remove the cap with the free hand. Do NOT touch the inside of the bottle or bottle lip. Continue to hold the cap in one hand with the inside facing down while the bottle is being filled. Do NOT touch the interior of the cap or lay it down. Do NOT breathe on the bottle or cap.
12. Do not rinse the bottle
13. Before sampling, reduce the tap flow rate enough to ensure that no splashing occurs as the container is filled. Collect the sample directly into the sterile bottle; do not use a dipper or pail. At sampling points where water runs continuously, do not adjust the flow rate.
14. **Fill the bottle to the fill line (100ml).** Do NOT allow the bottle to overflow.
15. If the sample is to be taken from a well or spring without a pump, tie a wire or string around the neck of the bottle and lower it beneath the surface. It is very difficult to obtain a sample this way without contaminating it during collection.
16. **Complete the water requisition form in full and return with the sample.**

**Storage and Transport**

17. Refrigerate the sample immediately or place in cooler and store at less than 10 degrees centigrade (<10 °C) but do not freeze.
18. Check lab day and time deadlines for sample acceptance to ensure collection criterion is met.

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<b>Soldiers Memorial Hospital</b> (Finance Office only), Mon –Thurs, 8am-12pm	<b>Digby General Hospital,</b> Mon – Thurs, 8 – 10 am	<b>Queen’s General Hospital</b> (Business Office only) Mon-Thurs, 8am–9:15am
<b>Annapolis Community Health Center</b> (Lab only), Mon – Thurs, 10 - 11 am	<b>Roseway General Hospital,</b> Mon – Thurs, 8 – 1130 am	

**\*\*NOTE: Samples are NOT accepted on Fridays, the day preceding a holiday, on a holiday, or on weekends.**

Based on the Nova Scotia Department of Environment *Guidelines for Monitoring Public Drinking Water Supplies and Before you Construct a Water Well* (refer to NSE website <http://www.gov.ns.ca/enla/>)

**Chemical Analysis Lab**

Environmental Services Lab  
Queen Elizabeth II Health Sciences Centre  
Halifax, N.S. (902) 473-8466

<http://www.cdha.nshealth.ca/environmental-services-laboratory>