

## Analysis Request Form “Raw groundwater microbiology”

- **Form header:** This section is reserved for the [accredited laboratory](#) mandated by the responsible of the drinking water production facility. The laboratory must enter the **date of reception of the sample** on the analysis request form and assign a **specific number** to it.

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The following information **must be provided** at the time of **sampling**, prior to forwarding samples to the accredited laboratory that is mandated to analyze them.

- **Responsible:** Person in charge (operator or owner) of the production facility.

Responsible _____	
A) Name and address of responsible	B) Results mailing address (if different from <del>responsible's</del> address)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>

**Name and address of responsible:** This section must be carefully filled out. The name and full address of the responsible of the **production facility** must be listed here.

**Results mailing address (if different from the responsible’s address):** Information required if the analysis results are to be sent to a different address.

**Telephone number:** A telephone number where the responsible can be reached at all times must be listed.

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- **Production facility:** Identification of the drinking water production facility for which the sample is collected. This section must be filled out carefully, since it provides the production facility’s administrative identification number.

Production facility _____	
Production facility #:	<input type="text"/> Production facility name: <input type="text"/>
Administrative region:	<input type="text"/>
Municipality:	<input type="text"/>

**Production facility number:** The drinking water production facility number is its unique identifier in the Ministère [SEP](#) system. Each drinking water production facility has a unique number.

**Production facility name:** Drinking water production facility names usually begin with the words “Système d’approvisionnement,” “Installation de production”, “Poste d’eau potable” or “Station de purification.”

**Administrative region:** This is the reference region for the municipality where the production facility is located.

**Municipality:** The municipality where the production facility is located.

**IMPORTANT: The production facility number must be listed on each analysis request form that accompany samples of raw water.**

Please contact the appropriate [regional office](#) of the Ministère to learn what information is required in this section.

➤ **Sample:** This section of the form must be filled out with care, because it **legally binds the sample collector**. Submission of **unsigned** analysis request forms or forms on which the **sample** section is incomplete or has errors could lead to the sample being rejected and even put the responsible in a regulatory non-compliance position.

Sample	_____		
Sampling date:	<input type="text"/>	Sampling location:	<input type="text"/>
Sampled/measured by:	<input type="text"/>		

**Sampling date:** This is the reference date for determining sample storage, analysis and results submission deadlines.

**Sampling location:** This is the exact address where the sample was collected. In the case of **raw ground water**, this could be the name or number of the well, if separate samples are taken from each catchment site.

**Sampled/measured by:** This identifies the **sample collector**, whose name must be readable.

Type of sampling location:  Raw water

**This box must be checked on the form for the sample to be admissible.**

**Raw water:** There is only one box to be checked for samples of **raw water**. It is important that the water sample is collected prior to any treatment or chemical dosage, in compliance with **Division II, Schedule 4** of the [Regulation respecting the quality of drinking water](#).

Back to compliance sample

**IMPORTANT!**

- Back to compliance sample:** When a sample of **raw groundwater** is collected in the specific context of a return to compliance procedure (**section 39 [3]** of the [Regulation respecting the quality of drinking water](#)), it must be so specified by using this box on the form. For this particular situation, it is **mandatory** to choose **Raw Groundwater – Sect. 13-a.1** as the type of requested analysis and stipulate that the analyses must check for ***Escherichia coli*** and **Enterococcus bacteria**.

Signature:

I attest that the water samples were collected, conserved and analyzed on-site in compliance with the requirements of the Regulation respecting the quality of drinking water (RRQDW).

**Signature:** In order to comply with **section 30** of the [Regulation respecting the quality of drinking water](#), the analysis request form **must be signed by the previously identified sample collector**.

➤ **Analysis results:** The sample collector must specify the type of analyses required.

Analysis results \_\_\_\_\_

Type(s) of analyses required:

- Raw groundwater - Sect. 13-a1       [Raw](#) groundwater - Sect. 13-a2       Raw groundwater - Sect. 21.1  
 Non- RRQDW monitored analysis

- Raw Groundwater – Sect. 13-a1:** If the sample was collected for the **monthly control of bacteriological quality in raw groundwater** as prescribed by section 13 (1) of the [Regulation respecting the quality of drinking water](#), **the sample collector must so stipulate by checking this box**. The parameters to be analyzed are as follows: ***Escherichia coli*** and **enterococcus bacteria**.
- Raw Groundwater – Sect. 13-a2:** If the sample was collected for the **monthly control of virological quality in raw groundwater** as prescribed by section 13 (2) of the [Regulation](#)

[respecting the quality of drinking water](#), the sample collector must so stipulate by checking this box. The only parameter to be analyzed in this case is **F-specific coliphage viruses**.

- **Raw Groundwater– Sect. 21.1:** If the sample was collected for the **monthly quality control of microbiology in raw groundwater** as prescribed by section 21.1 of the [Regulation respecting the quality of drinking water](#), the sample collector must so stipulate by checking this box. The parameters to be analyzed in this case are as follows: *Escherichia coli* and enterococcus bacteria.

**IMPORTANT:** In order for a sample to be deemed complete for regulatory control frequency compliance requirements, the analytical results must cover all parameters targeted by the specific type(s) of analysis listed on the request form, in addition to results of on-site measurements, if any.

- **Non- RRQDW monitored analysis:** When this box is checked, the analytical sampling results are not included in the regulatory control frequency compliance requirements, but they do have to meet distributed drinking water quality standards.

Responsibles of distribution systems that correspond to the specification in **section 10** of the [Regulation respecting the quality of drinking water](#) are most likely to request this type of analysis.

For all distribution systems that are otherwise subject to the control requirement of **Chapter III** of the [Regulation respecting the quality of drinking water](#), the **Non RRQDW monitored analysis** box should only be used in specific circumstances, which could include additional sampling collected subsequent to repairs or maintenance at a distribution system and where the sampled water is **not intended for human consumption**.

**This box must not be checked** for samples collected for the purposes of a **return to compliance procedure** (section 39 of the [Regulation respecting the quality of drinking water](#)). The **Back to compliance sample** box specifically serves to identify these samples.

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #	Sample #				
1 - 4			<input type="checkbox"/> Escherichia coli (CFU/100 ml)			
2			<input type="checkbox"/> Enterococcus (CFU/100 ml)			
6			<input type="checkbox"/> F-Specific Coliphage (PFU/100 ml)			

NB: Domains 1 and 2: enumeration (CFU/100ml); Domains 4 and 6: presence/absence (100ml)

The accredited laboratory may use the specification grid to send the results of analysis of a given sample to the responsible. However, pursuant to section 33 of the [Regulation respecting the quality of drinking water](#), electronic submission of these results to the Ministère [SEP](#) system remains mandatory.

- **Test laboratory report:** This section is reserved for the [accredited laboratory](#) mandated to analyze the samples. **The sample collector should not write anything in this section.**

<b>Test laboratory report</b>	
Rejected sample bottle(s): <input type="checkbox"/>	Reason for rejection: <input type="text"/>
Remarks:	<input type="text"/>
Test laboratory accreditation #:	<input type="text"/>
Analysis report date:	<input type="text"/>
Signature:	<input type="text"/>
	Name and address of test laboratory
	Name: <input type="text"/>
	Address: <input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Telephone: <input type="text"/>