

Analysis Request Form

Raw groundwater microbiology

Date of reception by laboratory:

Laboratory sample #:

Responsible _____

A) Name and address of responsible

Name:

Address:

Telephone:

B) Results mailing address (if different from responsible's address)

Name:

Address:

Telephone:

Production facility _____

Production facility #: Production facility name:

Administrative region:

Municipality:

Sample _____

Sampling date: Sampling location:

Sampled/measured by:

Type of sampling location: Raw water

Back to compliance sample

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).

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

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)

Test laboratory report _____

Rejected sample bottle(s): Reason for rejection:

Remarks:

Test laboratory accreditation #:

Name and address of test laboratory

Analysis report date:

Name:

Address:

Signature:

Telephone: