

Water Sample for Bacteriologic Examination

Southern Utah University Water Laboratory

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Sampler: Complete the following - use ball point pen		For Laboratory Use Only	
Water System #	Water System Name:	Lab No.	Received:
			Date
Exact Description of Sampling Point:		Analyzed:	Time
Results of Analysis			
Sample Collected By:	Time: (24hr. clock)	Total Coliform (per 100 ml.)	Fecal or E. Coli (per 100 ml.)
Date Collected:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residual PPM	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>
Is Sample Chlorinated?		Present <input type="checkbox"/> count	Present <input type="checkbox"/> count
Matrix: (circle one)	Drinking Ground Surface Wastewater Pool Other	Fecal or E. Coli Required	Fecal or E. Coli Required
Analysis Method:	<input type="checkbox"/> A. Membrane Filter #9222B	Indeterminate <input type="checkbox"/> count	Indeterminate <input type="checkbox"/> count
	<input type="checkbox"/> B. Multiple Tube Fermentation #9221B, C, & E	Interpretation of Analysis	
	<input type="checkbox"/> C. Coli-ert (MMO-MUG)	A. <input type="checkbox"/> Satisfactory: As to Bacteria Count.	
<input type="checkbox"/> Routine Sample	<input type="checkbox"/> D. Quantray (MMO-MUG)	B. <input type="checkbox"/> Unsatisfactory: Total Coliform Positive.	
<input type="checkbox"/> Repeat Sample Lab # _____ Date: _____		C. <input type="checkbox"/> Unsatisfactory: Total Coliform and Fecal or E. Coli Positive (See Back of Form for Instructions)	
Important!!! Lab# must be the same as the original routine sample!!!		D. <input type="checkbox"/> Indeterminate: Coliform presence/absence could not be determined because of interference by other miscellaneous bacteria. Submit a new sample within 24 hours.	
<input type="checkbox"/> Investigative		Sample Not Analyzed/Submit New Sample	
Send Report To:	Name Address City/State Zip	E. <input type="checkbox"/> Excessive Time Elapsed (must arrive at lab within 30 hrs. after collection)	G. <input type="checkbox"/> Sample Leaked
	Telephone# _____	H. <input type="checkbox"/> Lab Error	I. <input type="checkbox"/> Other
Remark:		F. <input type="checkbox"/> Considered Too Old When No Date Given	
Approved By: (Director)		Received By:	
Relinquished By:			