

### Section 1 - Client / Sample Information

|   |  |  | PHSA LABORATORIES USE ONLY   |  |
|---|--|--|--|--|
|   |  |  | Lab Number   | Date Received  |
| <b>MHO/EHO IN CHARGE</b>  |  | <b>DRINKING WATER OFFICER</b>            |  | <b>WATER SUPPLIER</b>  |
| Name:   |  | Name:                                    |  | Name:  |
| Phone #:  |  | Phone #:                                 |  | Phone #:   |
| Fax #:  |  | Fax #:                                   |  | Fax #:   |
| Pager #:  |  | Pager #:                                 |  | Pager #:   |
| Email:  |  | Email:                                   |  | Email:   |
| REPORT DELIVERY:<br>HEALTH UNIT/AUTHORIZED PERSON'S NAME AND FULL ADDRESS   |  |  | ADDITIONAL COPIES TO:  |  |
|   |  |  |  |  |
| Sampler's Name:   |  |  | Date/time collected: (YY/MM/DD) (HR)   |  |
| <b>DRINKING WATER</b>   |  |  |  |  |
| Type:   | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Intake/Raw      | Source:  | <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Combined  |
| System Treatment:   | <input type="checkbox"/> Treated             | <input type="checkbox"/> Untreated       | Sample submitted for:  | <input type="checkbox"/> Audit <input type="checkbox"/> Monitoring <input type="checkbox"/> Positive Retest <input type="checkbox"/> Overgrowth Retest |
| System Type/Population Served:  | <input type="checkbox"/> WS1                 | <input type="checkbox"/> WS2             | <input type="checkbox"/> WS3   | <input type="checkbox"/> Other Public WS <input type="checkbox"/> Private Supply   |
| Population Served:  | <input type="checkbox"/> >100,000            | <input type="checkbox"/> 5,001 - 100,000 | <input type="checkbox"/> 0 - 5,000   |  |
| <small>Note: WS1: &gt;300 connections; WS2: 15 - 300 connections; WS3: 2-14 connections; Other Public WS: eg. daycare, restaurant</small>   |  |  |  |  |
| System Name:  |  |  | GIS Location: Longitude _____ Latitude _____   |  |
| Site Name:  |  |  | Site Address:  |  |
| Sample submitted for purpose of Drinking Water Protection Act? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  | Is the water system currently on Boil Water Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>RECREATIONAL AND OTHER WATER</b>   |  |  |  |  |
| <input type="checkbox"/> Bathing Beach <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sewage/Pollution <input type="checkbox"/> Ice <input type="checkbox"/> Other, specify _____     |  |  |  |  |
| Swimming pools/whirlpools only: Chlorine Residual _____ ppm pH _____  |  |  |  |  |
| Facility/Site Name:   |  |  | Site Description:  |  |
| Check 2 consecutive volumes for sewage/pollution <input type="checkbox"/> 50mL <input type="checkbox"/> 10mL <input type="checkbox"/> 1mL <input type="checkbox"/> 0.1mL <input type="checkbox"/> 0.01mL <input type="checkbox"/> 0.001mL |  |  |  |  |
| <h1>BARCODE</h1>  |  |  |  |  |

### Section 2 - Test Information

| TEST REQUESTED  | LABORATORY USE ONLY |                           |             |
|---|---------------------|---------------------------|-------------|
|   | Preliminary Result  | Technician Initial & Date | Final Count |
| <input type="checkbox"/> Total Coliform (Count/100mL)                 |                     |                           |             |
| <input type="checkbox"/> Fecal Coliform (Count/100mL)                 |                     |                           |             |
| <input type="checkbox"/> <i>E. coli</i> (Count/100mL)                 |                     |                           |             |
| <input type="checkbox"/> HPC - 35°C, 2 Day (CFU/mL)                   |                     |                           |             |
| <input type="checkbox"/> HPC - 20°C, 5 Day (CFU/mL)                   |                     |                           |             |
| <input type="checkbox"/> Enzyme Substrate Coliform Test (Count/100mL) |                     |                           |             |
| <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>                |                     |                           |             |

# PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 [www.phsa.ca/bccdcpublichealthlab](http://www.phsa.ca/bccdcpublichealthlab)

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## INSTRUCTIONS FOR COLLECTING WATER SAMPLES FOR BACTERIOLOGICAL EXAMINATION

### 1. OUTFITS

Two types of outfits are issued, both containing a small amount of sodium thiosulphate, requisition forms and ziploc bags.

- A. 8oz sterile plastic bottle – for water sample
- B. 8oz sterile wide-mouth glass bottle – for ice sample

### 2. SAMPLING PROCEDURES

A. Sampling protocol varies with different types of water:

- Water from tap without attachments – run water for 2 to 3 min before sampling.
- Water from mixing faucet – remove faucet attachments such as aerators, filters, hoses, screen or splash guard, run hot water for 2 min, then cold water for 2 to 3 min before sampling.
- Water from well – pump for about 5 to 10 min before sampling, or collect directly from well by means of a sterilized bottle fitted with a weight at the base, taking care to avoid contact with surface scum.
- Surface water (pond, lake, stream, spring, river, reservoir) – collect samples where water is deep enough to avoid sediment. Hold bottle near base; plunge mouth of bottle under surface of water and fill by turning neck slightly upward and directing mouth upstream or forward away from sampler.

B. With full aseptic precautions, remove cap from sterile bottle and fill, without rinsing, to 200mL fill line or to within 2.5 cm of top. Replace cap securely at once.

### 3. LABELLING

- A. Fill in sample bottle label and requisition form, print clearly.
- B. Client contact information and date / time of collection must be filled in.
- C. Check required tests and check 2 consecutive test volumes for sewage/pollution sample.

### 4. SHIPPING

Ship promptly early in the week, and ship under refrigeration in cooler with sufficient ice packs to maintain temperature at < 8°C if sample cannot reach the laboratory within six hours of collection. Ship only by same day or overnight courier.

**(Samples exceeding 30 hours holding time will not be tested)**

Send coolers labeled “**Critical Shipment - Water Samples**” to BCCDC Environmental Microbiology, 655 W. 12th Avenue, Vancouver, BC V5Z 4R4  
Coolers should only contain water samples and not exceed 30 bottles per cooler.

### REFERENCE

“Standard Methods for the Examination of Water and Wastewater”, 21<sup>st</sup> Edition, A.P.H.A., A.W.W.A., W.P.C.P., New York, 2005, Part 9000.