



Tasmanian Government

Public Health Laboratory
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Request for Bacteriological Analysis of Regulated Systems Water

Customer:
Contact Details (new customers or amendments)
Address:
Email:
Tel: Fax:

Date Sampled:
Date Received:
Time Received:
Purchase Order:
Sampling Officer:
Signature:

Water Type Code:

- 1 Cooling Tower
2 Warm Water System
3 Air Handling System
4 Humidifying System
5 Swimming Pool
6 Other (Specify)

Treatment

- Chlorinated Water
Other (Specify)

Maintenance

- Customer
Water System Professional

Table with 7 columns: Sample Name, Time, Sample ID, Water Type, Temp. (°C), Res. Cl (ppm), pH. Multiple empty rows for data entry.

Requested Testing

- Legionella spp.
Heterotrophic Colony Count
Other (Specify)

Note: Confidentiality exclusion - The PHL is legally required to notify the Director of Public Health of non-compliant results for Regulated Systems Waters under the Laboratory Guidelines for Notifiable Water Contaminants – 2019, Public Health Act 1997.

Comments:

Laboratory Use Only

Temperature on Receipt: °C Job Number: Registered by: