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Tasmanian Government

Request for Bacteriological Analysis of Regulated Systems Water

Customer: _____

Contact Details ***(new customers or updates only)***

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

……..

Sample Name	Time	Sample ID	Water Type	Temp. (°C)	Res. Cl (ppm)	pH

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: _____