



MICROBIOLOGY WATER SAMPLE SUBMISSION FORM

CLIENT:

SAMPLING POINT:

TIME SAMPLED :

DATE SAMPLED :

LABORATORY USE ONLY

TIME RECEIVED:

DATE RECEIVED:

TEMPERATURE:

RECEIVED BY:

SAMPLE TYPE : ☐ Potable Water, ☐ Industrial Water, ☐ Waste Water, ☐ Environmental Water, ☐ Trade Waste,
☐ Swimming Pool & Spa Water, ☐ Sewage Water, ☐ Recycle Water, ☐ Purified/processed water,
☐ Other:

ANALYSIS REQUIRED: ☐ Heterotrophic Plate Count, ☐ Total Coliforms, ☐ Thermotolerant Coliforms, ☐ E.coli, ☐ Salmonella spp
☐ Listeria, ☐ Listeria mono, ☐ CPStaph, ☐ Other

Laboratory Sample Number	Bottle Number	SAMPLE DESCRIPTION	Time sampled	Chlorination (mg/L)	
				Free	Total
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

REPORT TO:		INVOICE TO:	
NAME:		NAME:	
PHONE:		PHONE:	
FAX:		FAX:	
E-MAIL:		E-MAIL:	
ADDRESS:		ADDRESS:	

Samples must be received by the laboratory within 24hrs from time of collection.

If you have any questions, please contact the laboratory for current requirements. Phone: 03 9742 0555