

# Individual Bacterial Analysis Report Form

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PWS ID

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Public Water Supply Name

3	9	6
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IA Lab #

9	5	0								
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Facility ID (use 950 for 1<sup>st</sup> or only Distribution system)

Sample Type (check one)	<input type="checkbox"/> Routine (RT)
	<input type="checkbox"/> Repeat (RP)
	<input type="checkbox"/> Special (SP)

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Free Chlorine (mg/L)

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Total Chlorine (mg/L)

9	5	0								
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Sampling Point ID (defaulted to Facility ID)

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Month Day Year

Sample Collection Date

	:		
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Hour Minute

Sample Collection Time (24 hr)

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Sample Point Description (text description of the location this sample was collected)

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Sample Collector (Last Name, First Name)

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Month Day Year

Sample Received Date

	:		
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Received Time (24 hr)

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By:

<i>Complete this box only for Repeat Samples</i>											
Original Sample Number											
Repeat Code (check one)											
<input type="checkbox"/>	Original (OR)				<input type="checkbox"/>	UP Stream (UP)					
<input type="checkbox"/>	Down Stream (DN)				<input type="checkbox"/>	Other (OT)					

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Laboratory Sample Number

Contaminant ID	Test	Method Code	Start of Analysis		Result (check one)
			Month-Day-Year	Time (24hr)	
3100	Total Coliform	Colilert - PA			<input type="checkbox"/> Present <input type="checkbox"/> Absent
3014	<i>E. coli</i>	Colilert - PA			<input type="checkbox"/> Present <input type="checkbox"/> Absent
3001	HPC	Simplate			<input type="checkbox"/> Absent (<1 cfu/mL)

Samples must be received by FAL no later than 30 hours after collection.

Count (If Present)	Count Type	Units
	cfu	mL