



How to Complete a Coliform Lab Slip

March 2016
DOH 331-247

It is important to fill out the lab slip completely. The Department of Health Office of Drinking Water (DOH) may not be able to give you credit for the sample result if the date, time, system ID number, system name, or type of sample is missing or incomplete. The lab slip contains three sections. The first two for the person collecting the sample and the third for the lab.

Section 1: Basic Sample and Water System Information

Date Sample Collected: 2-digit month, day, and year the sample was collected.

Time Sample Collected: Time sample collected. Check AM or PM.

County*: County location for the water system.

Type of Water System*: Group A, Group B, or Other.

Water Facilities Inventory (WFI) ID#*: The 5–6 character water system ID number (include numbers and letters).

System Name*: Water system name registered with the Department of Health (DOH).

Contact Person: The person the lab or DOH staff should contact with questions about this sample.

Day/Cell/Evening Phone and Email: List the best way to reach the Contact Person.

Send results to: List the best mail and email address for the lab to send the results.

Sample collected by: List the person who collected the sample.

Specific location where sample collected: Describe in detail the sample location point.

Specific instructions or comments: Include any specific instructions for the lab.

Place Logo Here]	[Add Your Name Here]	
	COLIFORM BACTERIA ANALYSIS	
Date Sample Collected / / Month Day Year	Time Sample Collected : : AM PM	County
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# _____ System Name: _____		
Contact Person: _____		
Day Phone: ()	Cell Phone: ()	
Email: _____	Eve. Phone: ()	
Send results to: (Print full name, address and zip code or e-mail) _____ _____		
SAMPLE INFORMATION		
Sample collected by (name): _____		
Specific location where sample collected:	Special instructions or comments:	

Section 2: Sample Purpose (Coliform Sample Type)

1 Routine Distribution Sample: Public water systems must take this sample on a routine basis.

- **Chlorinated:** Mark “Yes” or “No”
- If yes, list at least the measured **Free Chlorine Residual**.

2 Repeat Sample:** Public water systems must take this sample after a coliform-present routine sample.

- **Distribution System Sample:** Take at a sample tap in the distribution system.
- **Unsatisfactory routine lab number:** List the lab and sample ID number from the original unsatisfactory sample.
- **Unsatisfactory routine collect date:** Enter collection date for the original unsatisfactory sample.
- **Chlorinated:** Mark “Yes” or “No.”
- If yes, list at least the measured **Free Chlorine Residual**.

3 Source Ground Water Rule Sample

- List the source ID number here:
- **Triggered:** Groundwater system must take a raw sample following a coliform-present routine sample.
- **Assessment:** DOH directed some public water systems to monitor their groundwater source monthly for 12 months even if they have no coliform-present routine samples.

4 Enumeration Source Water Sample: When a system needs an enumeration for *E.coli* or fecal analysis.

- List the source ID number here:
- **E.coli:** Requires an enumeration for *E.coli* not an absence/presence test.
- **Fecal:** Requires an enumeration for fecal not an absence/presence test.
 - Filtered: Mark “Yes” or “No” if the sample is for a surface water source.

5 Sample Collected for Information Only: Check if sample for engineering purposes, construction or repairs, a home sale, or other uses. These samples do not need to go to DOH for processing.

Type of Sample (check only one box)	
<p>1 <input type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2 Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3 Source Ground Water Rule Sample</p> <p><input type="text" value="s"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Triggered</p> <p><input type="checkbox"/> Assessment</p>	
<p>4 Enumeration Source Water Sample</p> <p><input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> Fecal- Surface, GWI, Springs: Filtered Yes _____ No _____</p> <p><input type="text" value="s"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>5 <input type="checkbox"/> Sample Collected for Information Only:</p>	

Section 3: Drinking Water Results

Unsatisfactory: Check if sample is total coliform-present **AND** *E.coli* present **OR** *E.coli* absent.

Satisfactory: Check if no coliforms detected.

Replacement Sample Required: Check if sample is not viable for any reason, such as ‘too old’ or ‘volume less than 100ml’.

Bacterial Density Results: Record the colony count or most-probable number if the test yields it (both are enumeration methods).

Lab ID Number: Lab staff generate this number or reference ID for in-laboratory tracking.

Date and Time Received: Enter the date and time the laboratory received the sample.

Method Code: Enter the code for the analytical method used to analyse the sample (SM-9223B or SM-9222B, not MICR codes).

Date and Time Incubated: Enter the date and time the sample started incubation.

Date Analyzed: Enter the date the lab staff removed the sample from incubation and analysed the results.

Date Reported: Enter the date the lab reported the result to the client.

DOH Lab-Sample#: Enter the 3-digit DOH-assigned lab number and the 5-digit lab-assigned sample ID number.

Lab Use Only: A space for the lab’s own purpose. For example, to record sample-received temperature.

LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> <i>E. coli</i> present <input type="checkbox"/> <i>E. coli</i> absent			<input type="checkbox"/> Satisfactory		
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____					
Bacterial Density Results: Total Coliform _____ /100ml. <i>E. coli</i> _____ /100ml. Fecal Coliform _____ /100ml. HPC _____ /1 ml.					
Lab ID Number			Date and Time Received:		
Method Code:			Date and Time Incubated:		
Date Analyzed:			Date Reported:		
DOH Lab-Sample# _____ - _____			Lab Use Only:		

Resources

* This information is on your *Water Facilities Inventory* form and Sentry at <https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx>

**See *Follow-up to an unsatisfactory routine coliform sample* (DOH 331-187) at <https://fortress.wa.gov/doh/eh/dw/publications>

If you have questions, please call our regional office:

Eastern Region, Spokane Valley
509-329-2100

Region, Kent
253-395-6750

Southwest Region, Tumwater
360-236-3030

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).