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## **WATERS EXAMINATION LABORATORY REQUEST FORM**



NATA Accreditation No. 2851

Company Name:				Drinking Water (source to Consumer)						Additional Sample Comments:		
	Reverse Osmosis Water (RO Water)											
Address:				Bottled Water, Ice								
	Pools Spas Hydros Float Tanks											
Contact Name: Phone Number:				Natural Waters (Fresh)								
Contact Email:	Natural Waters (Marine)						Specify Tests Required:					
	Sewage / Wastewater											
Date Sampled:	Recycled water											
Purchase Order Number:	Air conditioning / Cooling Towers											
	Other (specify)											
LABORATORYLIST		CAMPLE DETAIL O			TDE	- A		OANADI E C	N IDMITTES		DV 1105 0111 11	
LABORATORY USE ONLY		SAMPLE DETAILS		TREATMENT				SAMPLE SUBMITTED (please tick)		LABORATORY USE ONLY		
Laboratory Number	Site Code	Description	Time Sampled	Temp (°C)	Type (Cl, Br, etc.)	ppm	рН	Bacteria (chilled)	Amoebae (ambient)	Bacteria set up by / Date:	Amoebae set up by / Date:	
Sampled Received By: Temperature ("chilled"):					Laboratory Comments: Report Type							
Receival Date: Temperature (amoeba):								Authorised B Date:	y:			