



# How to Complete a Coliform Lab Slip

331-247 | Revised 5/2018

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:** Two-digit month, day, and year the sample was collected, for example 02/05/2018

**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 five–six character water system ID number (include numbers and letters).\*

**System Name:** Name for this water system registered with DOH.\*

**Contact Person:** List 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 mailing 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]	
	<b>COLIFORM BACTERIA ANALYSIS</b>	
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) _____ _____ _____		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): _____		
Specific location where sample collected:	Special instructions or comments:	

## Section 2: Sample Purpose (Coliform Sample Type)

- 1 Routine Distribution Sample (A/P):** Public water systems must take this sample on a routine basis.
- **Chlorinated:** Mark “Yes” or “No.”
  - **Chlorine Residual:** List measured Total and/or Free chlorine results.

- 2 Repeat Sample (A/P):** 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” for repeat sample.
  - **Chlorine Residual:** Enter measured Total and/or Free chlorine results.

Type of Sample (select only one type of sample from types 1 through 5 below)	
<p><b>1. <input type="checkbox"/> Routine Distribution Sample (A/P)</b></p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>2. Repeat Sample (A/P)</b> (from distribution system after unsat. routine)</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><b>3. Ground Water Rule Source Sample</b></p> <p style="text-align: center;">S      </p> <p><input type="checkbox"/> Triggered (A/P)</p> <p><input type="checkbox"/> Assessment (A/P)</p>	<p><b>4. Surface or GWI Raw Source Water Sample (Enumeration)</b></p> <p><input type="checkbox"/> <i>E. coli</i>    <input type="checkbox"/> Fecal                      Filtered Yes _____ No _____</p> <p style="text-align: right;">S      </p>
<p><b>5. <input type="checkbox"/> Sample Collected for Information Only:</b></p>	

- 3 Ground Water Rule Source Sample:**
- List the source ID number here: S | | |
  - **Triggered (A/P):** Groundwater system must take a raw sample following a coliform-present sample.
  - **Assessment (A/P):** 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 Surface or GWI Raw Source Water Sample (Enumeration):**  
When a system must have an enumeration for *E. coli* or fecal analysis.
- List the source ID number here: S | | |
  - ***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.

## 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.

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

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

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

**Lab Reference Number:** Lab staff generate this number for in-laboratory tracking. I.e., Invoice Numbers or Project Numbers (**Optional**)

**Receipt Temp C°:** Required for unfiltered surface water samples.

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

**Date Reported to DOH:** Enter the date the lab reported the result to DOH.

**DOH Lab-Sample#:** Enter the three-digit DOH-assigned lab number and then the five-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab’s own purpose. For example, details about the water system being informed of the result.

LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY	
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> <i>E. coli</i> present			<input type="checkbox"/> <i>E. coli</i> absent		
<input type="checkbox"/> <b>Satisfactory</b>					
<b>Bacterial Density Results:</b> Total Coliform _____ /100ml. <i>E. coli</i> _____ /100ml. Fecal Coliform _____ /100ml. HPC _____ /1 ml.					
<b>Replacement Sample Required:</b> <input type="checkbox"/> TNTC <input type="checkbox"/> Sample too old <input type="checkbox"/> Sample Volume <input type="checkbox"/> Damaged Container <input type="checkbox"/> _____					
Date/Time Received:			Lab Reference Number		
Receipt Temp C°:			Method Code:		
Date Reported to DOH			Lab Use Only:		
DOH Lab-Sample#					

## Resources

\*This information is on your *Water Facilities Inventory* form and Sentry at [fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx](http://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx)

\*\*See *Follow-up to an unsatisfactory routine coliform sample* (DOH 331-187) at [ortress.wa.gov/doh/eh/dw/publications](http://ortress.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

If you need this publication in an alternate format, call 800-525-0127 (TDD/TTY call 711). This and other publications are available at [doh.wa.gov/DrinkingWater](http://doh.wa.gov/DrinkingWater).