



BACTERIA SAMPLING ONLY

For Laboratory use only

Ship To: 1329 Niakwa Road East, Unit 12 Winnipeg, MB R2J 3T4 (204) 255-9720

Condition of samples upon receipt					Login	Numbe	r			
Acceptable [] Not accepta			ble[]		Date Received					
Commen	ts					ed				
Average temperature			Deg C		Received By					
To	be completed by client.	The Province of I	Manitoba reser	ves the rig	ght to refu	se credits	if this form	is incom	pletely filled.	
ODW Code:			Water System Name:				Regional Drinking Water Officer:			
Date sampled:			Contact Name:				MB Approval ID:			
Analysis: TC,EC,QT51			Phone:				Phone:			
Is the system under a boil water advisory? YES NO			Email addresses:							
Emergency contact name phone number 1.			Street Address:				Additional notes(e.g. any information incorrect on form).			
Emergency contact name phone number 2.			City/Town:							
			Postal Code:							
Sampler's signature			FAX:							
Is this a Re-Sample? YES NO			Customer Number:							
		Client Supplied Time Free Total Mono Chlorine Other Turbidity								
Sample	Sample Sample Identification			Time Sampled	Free Chlorine	Total Chlorine	Chloramine	Chlorine Dioxide	Other Disinfectant	Turbidity