



**State of Oregon - Drinking Water Services
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)**

PWS# 41 PWS Name: _____ City, County: _____ Phone: _____ Fax: _____	ORELAP#: Lab Name: Address: Phone/Fax: Bottle#: _____ <input type="checkbox"/> Results do not meet NELAP Standards-See page 2 Lab Sample ID#: _____
Return address for report: Name: _____ Address: _____ City, State, Zip: _____	

Sample Collected Date/Time: ____ / ____ / ____ : ____ <small>MM / DD / YYYY Hour : Min</small> Collected By: _____	<input type="checkbox"/> AM Chlorinated: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> PM Free Chlorine: _____ mg/L
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DISTRIBUTION Sample Type: <input type="checkbox"/> Routine <input type="checkbox"/> *Repeat <input type="checkbox"/> Temporary Routine <input type="checkbox"/> Special	
*Date of Initial Positive: ____ / ____ / ____ <small>MM / DD / YYYY</small>	*Original Positive ID#: _____
Address: _____ Sampled at (ex. "SINK"): _____	

SOURCE Sample Type: <input type="checkbox"/> *Triggered <input type="checkbox"/> *Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special	
*Date of Initial Positive: ____ / ____ / ____ <small>MM / DD / YYYY</small>	*Original Positive ID#: _____
Source ID: SRC- _____ Source name (ex. "WELL #1"): _____	

LAB USE ONLY	
Sample Received Date/Time: ____ / ____ / ____ : ____ <small>MM / DD / YYYY Hour : Min</small>	<input type="checkbox"/> AM Initials: _____ Temp: _____ °C <input type="checkbox"/> PM Evidence of cooling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Analysis Start Date/Time: ____ / ____ / ____ : ____ <small>MM / DD / YYYY Hour : Min</small>	<input type="checkbox"/> AM Initials: _____ <input type="checkbox"/> PM
ORELAP Method(s): Check all that apply.	
<input type="checkbox"/> Colilert® <input type="checkbox"/> Colilert-18® <input type="checkbox"/> Colisure® <input type="checkbox"/> Chromocult® <input type="checkbox"/> Coliscan® <input type="checkbox"/> ReadyCult® <input type="checkbox"/> SM 9221 B (MTF) + <input type="checkbox"/> E or <input type="checkbox"/> F <input type="checkbox"/> SM 19 th Ed. <input type="checkbox"/> SM 20 th Ed. <input type="checkbox"/> SM 21 st Ed. <input type="checkbox"/> SM 9221 D (P-A M) + <input type="checkbox"/> E or <input type="checkbox"/> F <input type="checkbox"/> SM 9222 B (MF) + <input type="checkbox"/> 9221E or <input type="checkbox"/> 9221F or <input type="checkbox"/> 9222G <input type="checkbox"/> SM 9223 <input type="checkbox"/> ColiTag® <input type="checkbox"/> MI agar <input type="checkbox"/> m-ColiBlue® <input type="checkbox"/> Other: _____	

Test Results: Total Coliforms: <input type="checkbox"/> Present <input type="checkbox"/> Absent <i>E. Coli:</i> <input type="checkbox"/> Present <input type="checkbox"/> Absent	Analysis Complete Date/Time: ____ / ____ / ____ : ____ <small>MM / DD / YYYY Hour : Min</small> <input type="checkbox"/> AM <input type="checkbox"/> PM Analyst: _____ Review by: _____ ____ / ____ / ____ <small>MM / DD / YYYY</small>
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Reported By: _____	Report Date ____ / ____ / ____ <small>MM / DD / YYYY</small>
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Sample Invalidation: <input type="checkbox"/> Over 30 hours <input type="checkbox"/> Leak <input type="checkbox"/> Heavy non-coliform growth <input type="checkbox"/> Other _____	OHA USE ONLY	Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to OHA-DWS P.O. Box 14350, Portland, OR 97293-0350
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The results do not meet NELAP Standards because (check all that apply):

- Not received in lab-supplied bottle
- Not incubated at proper temperature
- Other reason: _____

Microbiological Analysis (Coliform) Reporting Guide

- The water system is responsible for filling out the water system and sample site information. The laboratory is responsible for filling out the result information.
- Entering sample site information: Sample identification, and source name information can be found in a water system survey, or OHA-Drinking Water Services Data Online at: <https://yourwater.oregon.gov/>

○ **Distribution Samples:**

- Use “Distribution” box.

○ **Source:**

- Use “Source” box.
- Enter source identification# and source name.
- See example (right):

ID	Facility Name	Well Logs
EP-A	EP for WELL #1	
SRC-AA	WELL #1	
EP-B	EP for WELL #2	
SRC-BA	WELL #2	

SOURCE		Sample Type: <input type="checkbox"/> *Triggerred <input type="checkbox"/> *Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special
*Date of Initial Positive:	Month / Day / Year	*Original Positive ID#: _____
Source ID: SRC-	AA	Source name (i.e. "WELL #1") WELL #1

• **Sample Types**

○ **Distribution:**

- Routine: Regularly scheduled Distribution samples.
- Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
- Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

○ **Source:**

- Triggerred: Source water sample required following a total coliform positive routine result.
- Confirmation: Source water samples required following an initial *E. Coli* positive source water sample result.
- Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).

○ **Special:**

- Any other non-compliance sample, typically not reported to the OHA-Drinking Water Services.