



Tasmanian
Government

Department of Natural
Resources and Environment
Tasmania

Laboratory Advice Note
Water Microbiology

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Office Use Only:
Submission No:

Client Name (in full)		Copy to (email)	
Email		Phone	
Address		Account to (if different from submitter details)	
Business Name		ABN	Order Number

Test Packages		Individual Tests	
Drinking water Total Coliforms & <i>E. coli</i>	<input type="checkbox"/>	Heterotrophic colony count	36°C <input type="checkbox"/> 22°C <input type="checkbox"/>
Recreational water Enterococci	<input type="checkbox"/>	<i>E. coli</i>	Thermotolerant coliforms <input type="checkbox"/>
Swimming Pool/Spa Heterotrophic colony count, Thermotolerant coliforms & <i>Ps.aeruginosa</i>	<input type="checkbox"/>	Legionella	Enterococci <input type="checkbox"/>
Renal water Heterotrophic colony count 22°C	<input type="checkbox"/>	Marine Colony Count (non-accredited)	Salmonella <input type="checkbox"/>
Full potability Heterotrophic colony counts x 2, Coliforms, <i>E. coli</i> & Enterococci	<input type="checkbox"/>	Other	<input type="checkbox"/>

Water Use

Drinking <input type="checkbox"/>	Recreational <input type="checkbox"/>	Dialysis <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Food <input type="checkbox"/>	Production <input type="checkbox"/>
Other <input type="checkbox"/> (give details)					

Treatment Status	Treated <input type="checkbox"/>	Untreated <input type="checkbox"/>	Water Source: e.g. Town supply, dam
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Sample Details (Note: Please use additional sheets to record more samples)

No.	Site e.g. home, paddock, dam	Date Sampled	Time Sampled	Comment
1				
2				
3				
4				
5				
6				
7				
8				

Additional Information:

Laboratory Information Only – Completed on receipt at the laboratory

Date & Time of receipt	No. of samples received	Temperature °C	Received by (initials)	Comments