

## How to fill out a lab slip

1. **Public water system number (PWS#)** – enter the ID number for the system being sampled
2. **PWS Name** – enter the full name of the system being sampled
3. **City, County** – enter city and county where system is located
4. **Phone** – enter the phone number that the lab should call if they have questions about the sample or to report results
5. **Return Address** – enter address the test result is to be mailed to
6. **Sample Collection Date/Time** – enter date and time the sample was collected, check AM or PM
7. **Collected By** – enter the name of the person collecting the sample
8. **Sample Point** – enter a description of the sample location such as “123 Main St. Hose bib” or “well #2, sample tap”
9. **Sample Type** – check only one of the following
  - **Routine** – check this box if the sample is part of a public water system’s regular routine schedule only
  - **\*Repeat** – check this box if the sample was collected due to a positive routine sample result
  - **Special** – check this box if the sample is not representative of water people are drinking or is not from a PWS. Results do not need to be sent to the Drinking Water Program (DWP) *This could be used for samples collected after disinfecting a new line or prior to reopening a seasonal facility*
  - **Temporary Routine** – check box if the sample is part of an increased sampling schedule following a routine positive sample *See below for further information*
10. **Chlorinated?** – check “yes” if system is chlorinated, “no” if it is not
11. **Free Chlorine** – if the system is chlorinated, use a DPD test kit to measure the free chlorine residual at a sample site in the distribution system and enter the result. If the sample is being collected at a point before chlorination (e.g. source or raw water), leave this space blank.
12. **\*Date of initial positive** – if the sample was collected as a **repeat**, enter the date the original positive routine sample was collected, otherwise leave blank.
13. **\*Original Positive ID#** - enter the sample number of the initial positive routine sample.

### If coliforms are present in a sample you must:

1. Take immediate action to locate and correct the problem
2. Laboratories are to fax results to the DWP within 24 hours at: 971-673-0458
3. Systems can also contact DWP (Portland: 971-673-0416, Pendleton 541-966-0899, Medford 541-776-6229 ex.284, Springfield 541-726-2587) and their county Environmental Health Department
4. Collect repeat samples within 24 hours of being notified

**Number of repeat samples:** Systems taking 1 routine/month or quarter must obtain a set of 4 repeat samples. Systems taking 2 or more routines/month must obtain a set of 3 repeat samples for each total coliform-positive sample found.

**Number of Temporary Routine samples:** Systems taking 4 or fewer routine samples/month must increase to 5 temporary routine samples for the **month following a positive result**. Systems taking 5 or more routine samples/month should maintain their regular routine schedule.

**Location of repeat samples:** One from the same location as the original positive sample; at least one within 5 service connections upstream from the original location; at least one within 5 service connections downstream from original.

## Interpretation of microbiological test results

The microbiological analysis performed on a sample of water is an examination for the presence of coliform bacteria. The presence of coliform bacteria may indicate that disease-causing organisms are present in the water, causing it to be unsafe to drink.

If coliform are present in the sample the lab must further analyze it to determine the presence of fecal coliforms or E.coli. Compliance with Oregon Drinking Water Quality Standards is determined by the results of individual samples and by all routine and repeat samples collected during a compliance period.

If the laboratory reports that the sample was too old, leaked in transit, or resulted in heavy non-coliform growth, a valid analysis could not be performed and you must collect another sample and send it to the laboratory to replace the invalid sample within 24 hours or the next business day. *If results do not meet NELAC standards complete page 2 on the back of the microbiological analysis form.*