**State of Oregon - Drinking Water Services**

**Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)**

For technical support and information, please call Data Management Coordinator
(ph. 971-673-0405, M-F, 8am-5pm PT) or visit http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Pages/labs.aspx

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<table>
<thead>
<tr>
<th>PWS#</th>
<th>4 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS Name:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>City, County:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Phone:</td>
<td>___________________</td>
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</tbody>
</table>

**ORELAP#:**

**Lab Name:**

**Address:**

**Phone/Fax:**

**Return address for report:**

Name: ______________________________________

Address: ______________________________________

City, State, Zip: _________________________________

**Bottle#:** ______________________________________

**Address:_____________________________________

**□ Results do not meet NELAP Standards-See page 2**

**Lab Sample ID#:** _______________________________

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**Sample Collected Date/Time:**  ____ / ____ / _____  ___ : ___

**Chlorinated:** □ No  □ Yes

**Free Chlorine:** ________ mg/L

**Sample Received Date/Time:**  ____ / ____ / _____  ___ : ___

**Evidence of cooling?** □ Yes  □ No

**Analysis Start Date/Time:**  ____ / ____ / _____  ___ : ___

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**ORELAP Method(s):**

- Colilert®
- Colilert-18®
- Colisure®
- Chromocult®
- Coliscan®
- Readycult®
- SM 9221 B (MTF) + □ E or □ F
- SM 19th Ed.
- SM 20th Ed.
- SM 21st Ed.
- SM 9221 D (P-A M) + □ E or □ F
- SM 9222 B (MF) + □ 9221E or □ 9221F or □ 9222G
- SM 9223
- ColiTag®
- MI agar
- m-ColiBlue®
- Other: ________________________________

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**Test Results:**

**Total Coliforms:** □ Present  □ Absent

**E. Coli:** □ Present  □ Absent

**Analysis Complete Date/Time:**  ____ / ____ / _____  ___ : ___

**Report Date**  ____ / ____ / _____

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**Sample Invalidation:**

- □ Over 30 hours
- □ Leak
- □ Heavy non-coliform growth
- □ Other ________________________
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/

  o Distribution Samples:
    ▪ Use “Distribution” box.

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

• Sample Types

  o 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.

  o Source:
    ▪ Triggered: 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).

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

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: ____________________________________________________________