PWS# 41 ______________________________
PWS Name: ____________________________
City, County: __________________________
Phone: __________________ Fax: __________

MICROBIOLOGICAL ANALYSIS
(Coliform)
Reporting Form for Public Water Supplies
Oregon State Public Health Lab

EPA ID# OR00023
Oregon State Public Health Laboratory
7202 NE Evergreen Pkwy., Suite 100
Hillsboro, Oregon 97124
Phone / FAX: 503-693-4100 / 503-693-5604

Return address for report:
Name: _________________________________
Address: ______________________________
City, State, Zip: _________________________
Phone: __________________ Fax: __________

Bottle#: ______________________________
Lab Sample ID#: ________________________

Sample Collected Date/Time: ___ / ___ / _____  ___ : ___
Collected By: ____________________________

DISTRIBUTION
Sample Type: □ Routine □ *Repeat □ Temporary Routine □ Special
*Date of Initial Positive: ___ / ___ / _____
Address: ________________________________
Sampled at (ex. “SINK”): ____________________

SOURCE
Sample Type: □ *Triggered □ *Confirmation □ Assessment □ Special
*Date of Initial Positive: ___ / ___ / _____
Source ID: SRC- _______________________
Source name (ex. “WELL #1”): __________________

LAB USE ONLY
Sample Received Date/Time: ___ / ___ / _____  ___ : ___
Initials: ___________ Temp: ______°C
Evidence of cooling? □ Yes □ No

Analysis Start Date/Time: ___ / ___ / _____  ___ : ___
Initials: ___________

Method(s): □ Colilert® □ Colilert-18® □ SM 9223 □ SM 21st Ed.
□ Other: ________________________________

Test Results:
Total Coliforms: □ Present □ Absent
E. coli: □ Present □ Absent

Analysis Complete Date/Time: ___ / ___ / _____ ___ : ___
Analyzer: ________________________________
Review by: _____________________________

Reported By: ____________________________
Report Date ___ / ___ / _____

Positive Results Called To: ____________________________
Date/Time: __________________ By: __________

OHA USE ONLY
Sample Invalidation:
□ Over 30 hours
□ Leak
□ Other ________________________________

Test results relate only to the parameters tested and to the samples
as received by the laboratory. Test results meet all requirements of
EPA unless otherwise noted. This report shall not be reproduced
except in full, without written consent of this laboratory.
All results sent to OHA DWS P.O. Box 14350, Portland OR 97293-
0360

For technical support and information, please call
Drinking Water Services at 971-673-0405 (M-F, 8am-5pm PT) 1
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/](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.