

Waters Examination Laboratory Environmental Microbiological Unit Second Floor, J Block Hospital Avenue, Nedlands, WA 6009 Tel: (08) 6457 2583 Email: waters.pathwest@health.wa.gov.au ABN: 83 469 340 804

WATERS EXAMINATION LABORATORY REQUEST FORM



Company Name:			Drinking Water (source to Consumer)	Additional Sample Comments:		
Address:			Reverse Osmosis Water (RO Water)			
			Bottled Water, Ice			
			Pools Spas Hydros Float Tanks			
Contact Name:	Phone Number:		Natural Waters (Fresh)			
Contact Email:			Natural Waters (Marine)	Specify Tests Required:		
Date Sampled:	Signed:		Sewage / Wastewater Recycled water			
Purchase Order Number:			Air conditioning / Cooling Towers			
			Other (specify)			

LABORATORY USE ONLY	SAMPLE DETAILS		TREATMENT				SAMPLE SUBMITTED (please tick)		LABORATORY USE ONLY		
Laboratory Number	Site Code	Description	Time Sampled	Temp (°C)	Type (Cl, Br, etc.)	ppm	рН	Bacteria (chilled)	Amoebae (ambient)	Bacteria set up by / Date:	Amoebae set up by / Date:
Samples Received By:	Temperature ("chilled"): Laboratory			Comments:				Report Type: Authorised By:		Emailed:	
Receival Date:		Temperature (amoeba):						Date:	•		

PathWest Microbiology MWFANRQU

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