



# How to Complete a Coliform Lab Slip

March 2016  
DOH 331-247

It is important to fill out the lab slip completely. The Department of Health Office of Drinking Water (DOH) may not be able to give you credit for the sample result if the date, time, system ID number, system name, or type of sample is missing, incorrect or incomplete. The lab slip contains three sections. The first two sections are completed by the person collecting the sample and the third section is completed by the lab.

## Section 1: Basic Sample and Water System Information

**Date Sample Collected:** 2-digit month, day, and year the sample was collected, for example 02/15/2016

**Time Sample Collected:** Time sample collected. Check AM or PM.

**County\*:** County location for the water system.

**Type of Water System\*:** Group A, Group B, or Other.

**Water Facilities Inventory (WFI) ID#\*:** The 6 character water system ID

**System Name\*:** Water system name registered with the Department of Health (DOH).

**Contact Person:** The person the lab or DOH staff should contact with questions about this sample.

**Day/Cell/Evening Phone and Email:** List the best way to reach the Contact Person.

**Send results to:** List the best mail and email address for the lab to send the results.

**Sample collected by:** List the person who collected the sample.

**Specific location where sample collected:** Describe in detail the sample location point. Only include the water system's address if it is relevant to the specific location where the sample was collected.

**Specific instructions or comments:** Include any specific instructions for the lab.

Place Logo Here	[Add Your Name Here]	
	<b>COLIFORM BACTERIA ANALYSIS</b>	
Date Sample Collected  / / Month Day Year	Time Sample Collected  : : AM PM	County
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# _____ System Name: _____		
Contact Person: _____		
Day Phone: ( ) _____	Cell Phone: ( ) _____	
Email: _____	Eve. Phone: ( ) _____	
Send results to: (Print full name, address and zip code or e-mail) _____ _____		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): _____		
Specific location where sample collected:	Special instructions or comments:	

## Section 2: Sample Purpose (Coliform Sample Type)

- 1 Routine Distribution Sample (A/P):** Public water systems must take this sample on a routine basis.
- **Chlorinated:** Mark “Yes” or “No”
  - If yes, list the measured **Free Chlorine Residual**.

- 2 Repeat Sample (A/P)\*\*:** Public water systems must take this sample after a coliform-present routine sample.
- **Distribution System Sample:** Take at a sample tap in the distribution system.
  - **Unsatisfactory routine lab number:** List the lab and sample ID number from the original unsatisfactory routine sample.
  - **Unsatisfactory routine collect date:** Enter collection date for the original unsatisfactory routine sample.
  - **Chlorinated:** Mark “Yes” or “No.”
  - If yes, list the measured **Free Chlorine Residual**.

Type of Sample (select only one type of sample from types 1 through 5 below)	
<p><b>1. <input type="checkbox"/> Routine Distribution Sample (A/P)</b></p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>2. Repeat Sample (A/P)</b> (from distribution system after unsat. routine)</p> <p>Unsatisfactory routine lab number: _____ - _____</p> <p>Unsatisfactory routine collect date: ____/____/____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p><b>3. Ground Water Rule Source Sample</b></p> <p style="text-align: center;">S      </p> <p><input type="checkbox"/> Triggered (A/P)</p> <p><input type="checkbox"/> Assessment (A/P)</p>	
<p><b>4. Surface or GWI Raw Source Water Sample (Enumeration)</b></p> <p><input type="checkbox"/> <i>E. coli</i>    <input type="checkbox"/> Fecal                      Filtered Yes _____ No _____</p> <p style="text-align: right;">S      </p>	
<p><b>5. <input type="checkbox"/> Sample Collected for Information Only:</b></p>	

- 3 Ground Water Rule Source Sample**
- List the source ID number here: S | | |. This source number is found on the Water Facilities Inventory form.
  - **Triggered (A/P):** Raw source sample following a coliform-present routine sample.
  - **Assessment (A/P):** DOH directed some public water systems to monitor their groundwater source monthly for 12 months even if they have no coliform-present routine samples.
- 4 Surface or GWI Raw Source Water Sample (Enumeration):**  
When a system needs an enumeration for *E.coli* or fecal analysis.
- List the source ID number here: S | | |
  - ***E.coli*:** Requires an enumeration for *E.coli* not an absence/presence test.
  - **Fecal:** Requires an enumeration for fecal coliform not an absence/presence test.
    - Filtered: Mark “Yes” or “No” to indicate whether the surface water source is filtered.
- 5 Sample Collected for Information Only:** Check if sample is for engineering purposes, construction or repairs, a home sale, or other uses. These coliform slips do not need to be sent to DOH data processing.

## Section 3: Drinking Water Results

**Unsatisfactory:** Check if sample is total coliform present **AND** *E.coli* present **OR** *E.coli* absent.

**Satisfactory:** Check if no coliforms detected.

**Replacement Sample Required:** Check if sample is not viable for any reason, such as 'too old' or 'volume less than 100ml'.

**Bacterial Density Results:** Record the colony count or most-probable number if the test yields it (both are enumeration methods).

**Date and Time Received:** Enter the date and time the laboratory received the sample.

**Lab Reference Number:** Lab staff generate this number for in-laboratory tracking. I.E. Invoice Numbers or Project Numbers (**Optional**)

**Date/Time In Incubator:** Enter the date and time the sample started incubation.

**Method Code:** Enter the code for the analytical method used to analyse the sample (SM-9223B or SM-9222B, not MICR codes).

**Date/Time Out Incubator:** Enter the date and time the sample ended incubation.

**Receipt Temp C°:** Required for unfiltered surface water samples.

**DOH Lab-Sample#:** Enter the 3-digit DOH-assigned lab number and the 5-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab's own purpose. For example, details about the water system being informed of the result.

LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> <b>Unsatisfactory</b> Total Coliform Present and <input type="checkbox"/> <i>E.coli</i> present		<input type="checkbox"/> <i>E.coli</i> absent	<input type="checkbox"/> <b>Satisfactory</b>
<b>Replacement Sample Required:</b> <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____			
Bacterial Density Results: Total Coliform _____/100ml. <i>E.coli</i> _____/100ml. Fecal Coliform _____/100ml.    HPC _____/1 ml.			
Date/Time Received:		Lab Reference Number	
Date/Time In Incubator:		Method Code:	
Date/Time Out Incubator:		Receipt Temp C°:	
DOH Lab-Sample#		Lab Use Only:	

## Resources

\* This information is on your *Water Facilities Inventory* form and Sentry at <https://fortress.wa.gov/doh/eh/portal/odw/si/Intro.aspx>

\*\*See *Follow-up to an unsatisfactory routine coliform sample* (DOH 331-187) at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-187.pdf>

**If you have questions, please call our regional office:**

**Eastern Region, Spokane Valley**  
509-329-2100

**Northwest Region, Kent**  
253-395-6750

**Southwest Region, Tumwater**  
360-236-3030

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).