**Water Bacteriological analysis questionnaire/Report form**

|  |  |
| --- | --- |
| **Sample reference number …………………….…** | **Lab No…………………………………………** |
| **CONTACT INFORMATION**  Contact person ………………………………….  Authority………………………………….……  Telephone number………………………….…  Email …………………………………….……  County: ………………………………….…  Submitted by**. .**……………………………… | **SAMPLE INFORMATION**  Collection date: ……………. Time………………  Collected by ………………………………………  Received in the lab: Date: …… Time: ……………  Received by: ………………………………………  Date examined……………………………………  Is it treated **(Yes) (No)**  If so how ............................................................... |
| **SAMPLE INFORMATION**  Source of specimen (well, spring, stream or public supply) ………………………………………………  Exact site sample was taken from  ……………………………………………………. Are there any sources of pollution (**Yes) (No)** If so what is the source of pollution?  …………………………………………………… Is it protected (**Yes) (No)**  If so, how…………………………………………… | **Reason for sampling (Tick appropriately)**   * Routine surveillance * Outbreak * Survey * Check for quality * Suspected of causing ill health   Is this sample a repeat (**Yes) (No)?**  If yes, what is the reason for repeat sampling  ……………………………………………………… |
| **Samples shall be accepted from Monday to Friday between 8am to 3pm. Sample (s) should be collected in sterile bottles and submitted in the lab within 6 hours of collection, otherwise they should be refrigerated at 4oC to 8oC and submitted within 24 hours. The amount of the water sample should not be less than 250mls** | |

# FOR OFFICIAL USE: REPORT

**Presumptive coliform test**

Coliform count: ....................................................................................................................................

*Escherichia coli*: ...............................................................................................................................

Others pathogens isolated ...................................................................................................................................................

**Comment**.........................................................................................................................................................................

# REFERENCE RANGES AND INTERPRETATION

**Treated water**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class** | **Comment** | **Coliform count (per 100 ml)** | ***E .coli* count (per 100 ml)** |
| I | High satisfactory | 0 | 0 |
| II | Satisfactory | 1-2 | 0 |
| III | Suspicious | 3-10 | 0 |
| IV | Unsatisfactory | >10 | 0,1 or more |

**Untreated water**

|  |  |  |
| --- | --- | --- |
| **Comment** | **Coliform count (per 100 ml)** | ***E. coli* count (per 100 ml)** |
| Satisfactory | 0 to 25 | 0 |
| Unsatisfactory | More than 0 to 25 | Presence of E.coli |

Compiled by…………………………………… Date……………..............................…………….

Reviewed by…………………………………. Date……………..............................…………….