



REQUEST FOR URGENT ANALYSIS OF WATER SAMPLES

Procedure

1. Ring the appropriate FASS Laboratory Manager to discuss sample receipt and reporting arrangements outside of business hours. If unanswered, ring the Branch Director, Forensic Chemistry and Public Health, FASS.
2. Fill out this request form (2 pages).
3. Obtain authorisation for this request from the Public Health Unit Director or Delegate.
(The delegate may be an Acting Director, Public Health Unit Environmental Health Officer or a Public Health Officer appointed under Section 121 of the *Public Health Act* 2010, Chief Health Officer, Director Health Protection, Director Environmental Health or an officer of the Water Unit).
4. Fax the form to the appropriate FASS Laboratory.
5. Submit a hard copy of this form with the samples, including details of sampling dates and times.

FASS Contact Details

Contact	Telephone		Fax
	Working Hours	After Hours	
Water Microbiology Laboratory	02 9646 0422	0419 215 490	02 9649 6413
Water Chemistry Laboratories (Trace Inorganics or Clinical and Environmental Toxicology)	02 9646 0436	0413 984 105	02 9646 0455
Branch Director, Forensic Chemistry and Public Health	02 9646 0418	0407 640 136	

Information Required

Submitted By:		Organisation:	
Authorised By:		PHU:	
Analysis Type:	Microbiological <input type="checkbox"/> Chemical <input type="checkbox"/> Pesticides <input type="checkbox"/> Other: _____		
Reason for Submission:	<i>E. coli</i> detected in previous sample <input type="checkbox"/> Boil water alert <input type="checkbox"/> Treatment process alert <input type="checkbox"/> Chemical Health guideline value exceeded <input type="checkbox"/> Suspected water-associated illness <input type="checkbox"/> Water quality incident investigation <input type="checkbox"/> Suspected contamination <input type="checkbox"/> Other: <input type="checkbox"/>	Details:	
Specific Tests Requested:			
Timeframe for Sampling:			
Courier Company:		Date and estimated time of arrival:	

Contact Details for Results

PHU:	Water Utility:
Contact's Name:	Contact's Name:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Details of Urgent Samples

Sample Number	Barcode (if applicable)	Water Type	Treatment	Date Sampled [#]	Time Sampled [#]	Town/Location	Sampling Site	Laboratory Number
1		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			
2		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			
3		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			
4		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			
5		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			
6		Drinking <input type="checkbox"/> Other <input type="checkbox"/>	Chlorinated <input type="checkbox"/> Filtered <input type="checkbox"/> UV <input type="checkbox"/> Untreated <input type="checkbox"/>		am/pm			

[#]Enter details as the samples are collected. Use a separate form for each date of collection.

Laboratory Use Only Date Received: Time received: am/pm Condition:
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