

**NSW FORENSIC & ANALYTICAL SCIENCE SERVICE
WATER ANALYSIS SAMPLE SUBMISSION FORM**

FOR: Microbiological Analysis Chemical Analysis Pesticides Other _____

Submitting Authority: _____ Sampling Officer: _____

Authorised Signature: _____ Telephone no: _____

Date Collected: _____ Fax No: _____

Time Collected: _____ am / pm

If sample(s) are being taken by a Water Utility on behalf of a PHU, the PHU is _____

Sample Type: Drinking Swimming Pool/ Spa Surface Water Tidal Recycled water
 Other _____

Treatment: Untreated Chlorinated Filtered UV Fluoridated

REASON FOR SUBMISSION		
Category	Details	Comments
<input type="checkbox"/> Public Health Investigation *	<input type="checkbox"/> Gastrointestinal Illness <input type="checkbox"/> Skin Infection/Rash <input type="checkbox"/> Suspected Contamination <input type="checkbox"/> Incident Investigation <input type="checkbox"/> Follow up to Complaint <input type="checkbox"/> Other	
<input type="checkbox"/> PHU Allocated *	Reason for Analysis:	
<input type="checkbox"/> Request for Non-Routine Test	Tests Required:	
<input type="checkbox"/> Private #	Tests Required:	
	Address for Results:	

* Public Health Unit Use Only

Results for private supplies serving the public that do not comply with the ADWG will be notified to the relevant PHU.

SAMPLE DETAILS			
Sample Marked	Town/Location	Sampling Site	Laboratory Number
1			
2			
3			
4			
5			
6			

LABORATORY USE ONLY: Date/Time Received: