

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 Operations Director, Forensic and Environmental Toxicology, 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. Email 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 | | Email |
|---|---------------|--------------|--|
| | Working Hours | After Hours | |
| Water Microbiology Laboratory | 02 9646 0422 | 0419 215 490 | NSWPATH- FASSMicrobiology@health.nsw.gov.au |
| Water Chemistry Laboratories (Trace Inorganics or Clinical and Environmental Toxicology) | 02 9646 0284 | 0413 984 105 | NSWPATH-FASS-CET- TIL@health.nsw.gov.au |
| Operations Director, Forensic and Environmental Toxicology | 02 9646 0264 | 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"/> Cyanobacterial toxins <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: |
| Email: | Email: |

Environmental Microbiology & Toxicology Unit

Forensic & Analytical Science Service

PO Box 162 Lidcombe, NSW 1825

T +61 2 9646-0222 | F +61 2 9646-0333 | ABN 49 382 586 535



Health
Pathology

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: |
|---------------------|----------------------|------------------------------|------------------|

