



FRESH BATHING WATER SUBMISSION FORM

Environmental Microbiology
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For Lab Use Only:
Called significant results: _____
(Initials)
Contact name: _____
Voice mail: Yes No (circle one)
Date/Time: _____

PROFILE NO./NAME AND ADDRESS:			COLLECTED BY: _____
			TOWN: _____
			DATE COLLECTED: _____
			CONTACT INFORMATION: _____
Sample Type: (Circle One)	REGULAR	RESAMPLE	PHONE # (_____) _____

FRESH BATHING WATER

Date/Time Received

Test A-Code: EC-BW

Colilert/*E. coli*

For Lab Use Only: Accession # Test:	Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____	For Lab Use Only: _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: _____
Accession # Test:	Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____	_____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: _____
Accession # Test:	Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____	_____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: _____
Accession # Test:	Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____	_____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: _____
Accession # Test:	Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____	_____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: _____

For Lab Use Only:

Results Recorded

Date/Time/Initials: _____

Date/Time/Initials Analyzed: _____

Method (Select test performed): COLILERT-18 COLILERT-24 COLISURE