



MARINE BATHING WATER SUBMISSION FORM

Environmental Microbiology
 Connecticut Department of Public Health
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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 # (_____) _____ |

MARINE BATHING WATER

Date/Time Received

Test A-Code: ENT-BW

Enterolert/Enterococci

| | | |
|---|---|---|
| For Lab Use Only: Accession # Test: | Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____ | For Lab Use Only: _____ # POSITIVE WELLS Enterococci MPN/100ml: _____ |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____ | _____ # POSITIVE WELLS Enterococci MPN/100ml: _____ |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____ | _____ # POSITIVE WELLS Enterococci MPN/100ml: _____ |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____ | _____ # POSITIVE WELLS Enterococci MPN/100ml: _____ |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Beach Name: _____ Additional Info: _____ | _____ # POSITIVE WELLS Enterococci MPN/100ml: _____ |

For Lab Use Only:

Results Recorded

Date/Time/Initials: _____

Date/Time/Initials Analyzed: _____

Method (Select test performed): ENTEROLERT