



State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

ALEXIN ANALYTICAL LABORATORIES

13035 SW Pacific Hwy • Tigard, OR 97223
 Phone: 503-639-9311
 Fax: 503-684-1588
 ORELAP #OR100013

PWS# **41** _____
 PWS Name: _____
 City, County: _____
 Phone: _____ Fax: _____

Return address for report:
 Name: _____
 Address: _____
 City, State, Zip: _____

Bottle#: _____

Results do not meet NELAC Standards-See below

Lab Sample ID#: _____

Sample Collected Date/Time: ____/____/____ : ____ : ____ AM Chlorinated: No Yes
 MM / DD / YYYY Hour: Min PM Free Chlorine: _____ mg/L
 Collected By: _____

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
 *Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
 MM / DD / YYYY
 Address: _____ Sampled at (ex. "SINK"): _____

SOURCE Sample Type: *Triggered *Confirmation Assessment Special
 *Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
 MM / DD / YYYY
 Source ID: SRC- _____ Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: ____/____/____ : ____ : ____ AM Initials: _____ Temp: _____ °C
 MM / DD / YYYY Hour: Min PM Evidence of cooling? Yes No

Analysis Start Date/Time: ____/____/____ : ____ : ____ AM Initials: _____
 MM / DD / YYYY Hour: Min PM

ORELAP Method(s): Colilert® Colilert-18® Colisure® Chromocult® Coliscan® Readycult®
 Check all that apply. SM 9221 B (MTF) + E or F SM 19th Ed. SM 20th Ed. SM 21st Ed.
 SM 9221 D (P-A M) + E or F
 SM 9222 B (MF) + 9221E or 9221F or 9222G
 SM 9223 ColiTag® MI agar m-ColiBlue® Other: _____

Test Results: Total Coliforms: <input type="checkbox"/> Present <input type="checkbox"/> Absent <i>E. Coli</i> : <input type="checkbox"/> Present <input type="checkbox"/> Absent	Analysis Complete Date/Time: ____/____/____ : ____ : ____ <input type="checkbox"/> AM MM / DD / YYYY Hour: Min <input type="checkbox"/> PM
	Analyst: _____
	Review by: _____ MM / DD / YYYY

Reported By: _____ Report Date ____/____/____
 MM / DD / YYYY

Sample Invalidation:
 Over 30 hours
 Leak
 Heavy non-coliform growth
 Other _____

DHS USE ONLY

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14350, Portland, OR 97293-0350

NELAC standards not met:
 not received in lab-supplied bottle
 not incubated at proper temperature
 other _____

Comments:
