



Environmental Microbiology Pool Water Examination

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PLEASE PRINT CLEARLY
COMPLETE ONE FORM FOR EACH SAMPLE

Accession Label LAB USE ONLY

HORIZON PROFILE NUMBER: NAME AND ADDRESS OF SUBMITTER:

TO BE COMPLETED BY COLLECTOR

ADDITIONAL SAMPLE DESCRIPTION:	DATE COLLECTED ____ / ____ / ____ (MM/DD/YYYY)	TIME COLLECTED _____ Hrs (Military Time)
Name of Facility or Property Owner	Collector's Sample Number	
Source (Swimming Pool/Whirlpool: Deep, Shallow Middle)	Street Address of Sample Collected	
Collected By	Town, State, and Zip Code of Sample Collected	
Collector's Phone Number _____ (Please use 10-digit number)	Additional Contact Information	
Additional Information (Complaints, Requests, Treatments, Etc.)		

POOL WATER TEST REQUEST

LABORATORY RESULTS

FOR COLLECTOR: Please check tests, check all that apply. <u>POOL / WHIRLPOOL WATER test</u> <input type="checkbox"/> POOLGRP: TOTAL COLIFORM STANDARD PLATE COUNT <input type="checkbox"/> P-AERG-MPN: WHIRLPOOL PSEUDOMONAS AERUGINOSA	FOR LABORATORY USE ONLY: TOTAL COLIFORM _____ PER 100ML 1 DIL_____ -1 DIL _____ SPC PER 1 ML _____ MTF _____ MPN PER 100ML
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