



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

PWS# 41
PWS Name:
City, County:
Phone: Fax:
ORELAP#: OR100028
Lab Name: Columbia Laboratories Inc.
Address: 12423 NE Whitaker Way Portland OR, 97230
Phone/Fax: 503-254-1794/503-254-1452
Bottle#:
Results do not meet NELAC Standards-See page 9a UJ:
Lab Sample ID#:

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

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

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

Sample Received Date/Time: MM/DD/YYYY Hour:Min GJT bUhi fY:

Sample Received Date/Time: MM/DD/YYYY Hour:Min GJT bUhi fY: Evidence of cooling? Yes No Temp: C
ORELAP Method(s): Colilert Colilert-18 Colisure Chromocult Coliscan Readycult
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:

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

*SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS LABS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. BY SIGNING "RELIQUISHED BY" YOU AGREE TO THESE TERMS AND CONDITIONS.

The results do not meet NELAC Standards because (check all that apply):

- Not received in lab-supplied bottle
- Not incubated at proper temperature
- Other reason:

Microbiological Analysis (Coliform) Reporting Guide

The water system is responsible for filling out the water system and sample site information. The laboratory is responsible for filling out the result information.

Entering sample site information: Sample identification, and source name information can be found in a water system survey, or DHS-Drinking Water Program Data Online at: <http://170.104.63.9/>

○ **Distribution Samples:**

- Use “Distribution” box.
- No change to process of entering sample information.

○ **Source:**

- Use “Source” box.
- Enter source identification# and source name.
- See example (right):

ID	Facility Name	Well Logs
EP-A	EP for WELL #1	
SRC-AA	WELL #1	
EP-B	EP for WELL #2	
SRC-BA	WELL #2	

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: _____/_____/_____*Original Positive ID#: _____

Source ID: SRC-_____ Source name (i.e. "WELL #1") _____

● **Sample Types**

○ **Distribution:**

- Routine: Regularly scheduled Distribution samples.
- Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
- Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

○ **Source:**

- Triggered: Source water sample required following a total coliform positive routine result.
- Confirmation: Source water samples required following an initial *E.Coli* positive source water sample result.
- Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).

○ **Special:**

- Any other non-compliance sample, typically not reported to the DHS-Drinking Water Program.