



## Water Analysis Request Form

For Office Use Only		
Sample Entered by (Initials):	Date:	Time:
Comment on Receipt:		
Analytical Fee:	Fee Paid: <input type="checkbox"/> Yes (Receipt. No.):	<input type="checkbox"/> No <input type="checkbox"/> Other

The laboratory report will be issued to the email address provided below unless otherwise agreed.

Name and Address for Report: (PRINT)		Name and Address at which Sample was taken: (PRINT) (This must also appear on the bottle label)
Tel. No.:	Fax No.:	Name of Water Supply:  Scheme Code: <small>(This information is not required from private customers)</small>
Mobile No.:		
Email Address:		

**PLEASE REFER TO THE ASSOCIATED LABORATORY DOCUMENT; 'DIRECTIONS FOR TAKING WATER SAMPLES FOR ANALYSIS' AVAILABLE FROM THE LABORATORY AND ON OUR WEBSITE**

*Sample Bottles: The bottle label should clearly indicate (i) Address at which sample was taken; (ii) Name and Address of the person submitting the sample; (iii) Date and Time of taking the sample.*

- Customer Reference No.: \_\_\_\_\_  None
- Date sample was taken: \_\_\_\_\_
- Time sample was taken: \_\_\_\_\_
- Transport condition: \_\_\_\_\_
- Transport temperature of samples > 8hrs old. \_\_\_\_\_
- Purpose of Sample:  Compliance  Surveillance  Private Analysis  Complaint Analysis
- Reason for Analysis:  Routine  Human Consumption  New Source  
 Planning Permission  
 Illness (specify symptoms): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
- Analysis Required:  Sample from Private Well or Spring (Coliform, *E. coli* and Enterococci)  
 Group A  OMIT 22°C TVC.  
 Group B Parameters (specify): \_\_\_\_\_  
 Chemical & Microbiological  Microbiological  
 Chemical  
 Other (specify): \_\_\_\_\_  
 Additional Parameters (specify): \_\_\_\_\_

9. Water Type:  Drinking  Mineral – Spring Bottled Water  Other Bottled Water  Water Tap Swabs  
 Dialysis  Hydrotherapy  Swimming Pool  Spa pool  Bathing  
 Hot water  Stream/Lake  Surface Water  Effluent  Endoscopy Water  
 Well (depth): \_\_\_\_\_  Boring (depth): \_\_\_\_\_  Other: \_\_\_\_\_

10. Water Source (If Applicable)  Public Supply  Private Supply  Unknown

11. A private water supply must comply with S.I. No. 99 of 2023, if it serves 50 people or more or if it is supplied as part of commercial or public activity.

Do these criteria apply to the private water supply?  Yes  No

12. Is Water Treated?:  Yes:(specify)  Al  Cl  Fe  Softener  
 No  Other (specify): \_\_\_\_\_

13. Is source protected from surface contamination?  No  Yes (Specify) \_\_\_\_\_

14. Are there any possible sources of pollution nearby such as septic tanks, silage pits, slurry pits, farmyards, graveyards, domestic drains, factory/creamery waste etc.?  
 No  Yes (Specify source and distance) \_\_\_\_\_

15. State composition of mains and service pipes  Copper  Iron  Lead  Plastic  
 Other (specify): \_\_\_\_\_

16. For samples drawn from a tap, specify:  Direct from main  Through tank/cistern

17. Has the water been analysed previously?  No  Yes (State Report No.): \_\_\_\_\_

**For Environmental Health Officers and Agents for Local Authorities Use Only**

Please indicate invoice recipient:

H.S.E.  Local Authority (Order No.) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

Field Measurements : Chlorine (Free) \_\_\_\_\_ mg/l Chlorine (Total) \_\_\_\_\_ mg/l Temperature \_\_\_\_\_ °C  
 Other (specify) \_\_\_\_\_

18. Person who submitted the sample: Signature: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Contact Details: Tel. no.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

20. Person who delivered sample, (if different from above): Signature: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Contact Details: Tel. no.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Delivered by Courier  Delivered by Post

21. The conditions under which a laboratory report is issued are listed on the laboratory website. As part of your sample submission, please indicate that you have been notified of this  Yes

**For Official Complaint Samples**

Condition of Sample on Receipt: Satisfactory  Unsatisfactory   
 Comment: \_\_\_\_\_

Temp. of Delivery Unit (if applicable): \_\_\_\_\_ °C Seal No.: \_\_\_\_\_

Received in Lab by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_