



Feidhmeannas Seirbhíse Sláinte
Health Service Executive

Public Analyst's Laboratory
Sir Patrick Duns
Lower Grand Canal Street
Dublin 2
Tel: (01) 661 2022
Fax: (01) 662 8532
www.publicanalystdublin.ie

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 |

| 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: |
| Mobile No.: | | |
| Email Address: | | Scheme Code: (This information is not required from private customers) |

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: _____
- 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: Check Monitoring - OMIT C. Perfringens
 Audit Monitoring - OMIT C. perfringens
 Chemical & Microbiological Microbiological
 Chemical
 Other (specify): _____
 Additional Parameters (specify): _____
 Microscopic

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

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

9. A private water supplies must comply with S.I. No. 278 of 2007 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 Not applicable

10. Is Water Treated?: No
 Yes:(specify) Al Cl F Fe Softener
 Other (specify): _____

11. Is source protected from surface contamination? No Yes (Specify) _____

12. 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) _____

13. State composition of mains and service pipes Copper Iron Lead Plastic
 Other (specify): _____

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

15. 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 : No Yes (specify below)

Chlorine (Free) _____ mg/l Chlorine (Total) _____ mg/l Temperature _____ °C

Conductivity _____ μS/cm Other (specify) _____

16. Person who submitted the sample:

Contact Details:

Signature: _____ Print name: _____

Tel. no.: _____ Email Address: _____

17. Person who delivered sample, (if different from above):

Contact Details:

Signature: _____ Print name: _____

Tel. no.: _____ Email Address: _____

Delivered by Courier

Delivered by Post