



## 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:  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:  Check Monitoring -  OMIT C. perfringens  
 Audit Monitoring -  OMIT C. perfringens  
 Chemical & Microbiological  Microbiological  
 Chemical  
 Other (specify): \_\_\_\_\_  
 Additional Parameters (specify): \_\_\_\_\_
- Water Type:  Drinking  Mineral – Spring  Other Bottled  Water Tap

- |  |  |  |  |
|--|--|--|--|
|  | Bottled Water                                | Water  | Swabs                                    |
| <input type="checkbox"/> Hydrotherapy      | <input type="checkbox"/> Swimming Pool       | <input type="checkbox"/> Spa pool              | <input type="checkbox"/> Bathing         |
| <input type="checkbox"/> Stream/Lake       | <input type="checkbox"/> Surface Water       | <input type="checkbox"/> Effluent              | <input type="checkbox"/> Endoscopy Water |
| <input type="checkbox"/> Dialysis          | <input type="checkbox"/> Well (depth): _____ | <input type="checkbox"/> Boring (depth): _____ |  |
| <input type="checkbox"/> Hot water         | <input type="checkbox"/> Other: _____        |  |  |
| <b>10. Water Source</b><br>(If Applicable) | <input type="checkbox"/> Public Supply       | <input type="checkbox"/> Private Supply        | <input type="checkbox"/> Unknown         |

**11.** A private water supplies must comply with S.I. No. 122 of 2014 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?:  No  
 Yes:(specify)  Al  Cl  F  Fe  Softener  
 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			
<b>Please indicate invoice recipient:</b>			
<input type="checkbox"/> H.S.E.	<input type="checkbox"/> Local Authority (Order No.) _____	<input type="checkbox"/> Other (Specify) _____	
<b>Field Measurements :</b>			
<input type="checkbox"/> No		<input type="checkbox"/> Yes (specify below)	
Chlorine (Free) _____ mg/l	Chlorine (Total) _____ mg/l	Temperature _____ °C	
Conductivity _____ μS/cm	Other (specify) _____		

**18.** Person who submitted the sample:

Contact Details:

Signature: _____	Print name: _____
Tel. no.: _____	Email Address: _____

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

Contact Details:

Signature: _____	Print name: _____
Tel. no.: _____	Email Address: _____

Delivered by Courier

Delivered by Post