



FSS Cúram Sláinte Pobail an Oirthir
 Saotharlann an Anailísi Phoiblí
 Ospidéal Sir Patrick Dun
 Sráid na Canálach Móire Íochtarach
 Baile Átha Cliath 2, D02 P667

HSE Community Healthcare East
 Public Analyst's Laboratory
 Sir Patrick Dun's Hospital
 Lower Grand Canal Street
 Dublin 2, D02 P667
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<https://www.hse.ie/eng/services/list/1/public-analyst-laboratory/>
 Laboratory Schedule of Accreditation available at www.INAB.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

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: (This information is not required from private customers)
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. 122 of 2014 & S.I. No 464 of 2017, 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:
 Contact Details: Signature: _____ Print name: _____
 Tel. no.: _____ E-mail Address: _____

20. Person who delivered sample, (if different from above):
 Contact Details: Signature: _____ Print name: _____
 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: _____