

OFFICE USE ONLY
DATE & TIME OF ANALYSIS

POOL TEST REPORT FORM
DILLMAN ROAD QUALITY CONTROL LABORATORY
ISDH Certification Number M-53-1
100 W Dillman Rd
Bloomington, IN 47403-9407
Phone: (812) 269-8177

OFFICE USE ONLY
DATE & TIME RECEIVED
SAMPLE NUMBER

**SAMPLES SUBMITTED WITHOUT COMPLETED FORM
WILL NOT BE ANALYZED. (USE INK)**

CLIENT INFORMATION:	
(NAME OF ORGANIZATION)	
(STREET, BOX, OR Rural Route)	
(CITY)	, IN _____
(ZIP+4)	
** THE CITY OF BLOOMINGTON UTILITIES WILL SEND A COPY OF THIS REPORT TO THE HEALTH DEPARTMENT.	

BILLING ACCOUNT NUMBER _____

E-MAIL _____

Pool Name on Permit _____

Sampling Address _____

Organization Phone _____

Sample Collected By _____

Date Collected _____

Time Collected _____

Chlorine Residual at Sampling Address _____ mg/l

SAMPLE TYPE (check appropriate box)

Swimming Pool Well
 Spa or Hot Tub Other _____

Remarks:

The City of Bloomington and its Utilities Service Board do not warrant the accuracy or precision of any tests performed or results obtained, and they hereby disclaim any liability which may arise as a result of the accuracy or precision of any tests performed or services obtained. Test results may be affected by many factors, including the method of collection of the sample tested and the method of testing. Analysis of the individual sample does not necessarily reflect the chemical or bacterial consistency of the area surrounding the point from which the sample was obtained. You are encouraged to have the test results obtained from the City of Bloomington verified by an independent testing laboratory.

ANALYSIS DATA – To Be Completed by Lab

TEST:	TOTAL COLIFORM	
METHOD:	<input type="checkbox"/> MM P/A	<input type="checkbox"/> MM QT (MPN)
RESULTS:	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT
MPN: _____ per 100ml		
ANALYST: _____		

TEST:	E COLI	
METHOD:	<input type="checkbox"/> MM P/A	<input type="checkbox"/> MM QT (MPN)
RESULTS:	<input type="checkbox"/> PRESENT	<input type="checkbox"/> ABSENT
MPN: _____ per 100ml		
ANALYST: _____		

HETEROTROPHIC PLATE COUNT RESULTS (CFU)		
_____ per 1.0 ml* _____ per 0.1 ml*		
ANALYST: _____		
* TNTC = Too Numerous To Count > 200 cfu		

STATUS OF SAMPLES

<input type="checkbox"/> Satisfactory: At examination time, this water sample was bacteriologically safe.
<input type="checkbox"/> Satisfactory, questionable: Sample was more than 24 hours old but less than 30 hours old at time of analysis.
<input type="checkbox"/> Unsatisfactory: At examination time, this water sample was bacteriologically unsafe.
<input type="checkbox"/> Please submit another sample: Test was not valid because: <input type="checkbox"/> Too long in transit (Sample more than 30 hours old) <input type="checkbox"/> Insufficient volume <input type="checkbox"/> Residual chlorine present <input type="checkbox"/> Other _____

DATE REPORTED: _____

**** ALL TEST RESULTS WILL ONLY BE
EMAILED, FAXED, OR PICKED UP****