

## HOW TO SUBMIT A SWIMMING POOL AND WHIRLPOOL WATER SAMPLE FOR BACTERIOLOGICAL TESTING

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### Please Note:

- Sampling services are available to all permitted commercial and public pools. This service is **NOT** provided for testing of private residence pools.
- Samples received at the lab more than 30 hours after collection will be discarded without examination.
- Contact your local Health Protection Office to confirm where and when water samples are accepted in your region for shipping to a lab.

### THE WATER SAMPLING KIT

- Water samples for bacteriological examination will **ONLY** be accepted if they are submitted in a **sterile specimen bottle** provided by the **Interior Health Authority** or an approved Provincial Lab.
- **Requisition forms** are provided by your local Environmental Health Protection Office, Interior Health Authority. Place in a waterproof bag and attach to the bottle with an elastic.
- If there is more than one sample, place each sample and protected requisition in a separate bag to contain any leaks.



### SAMPLE COLLECTION

- Each sample bottle contains a powder or pill **DO NOT** throw this out or rinse the bottle. The powder helps to ensure the results represents the water quality of the sample.
- The bottle should be filled **to or above the fill line** marked on the bottle. You need at least a 200 ml sample.

## **STEP ONE: COMPLETE THE PROVIDED REQUISITIONS FORM AND LABEL THE SAMPLE BOTTLE**

1. The bottle label must be filled out with the facility name, sampling site name, date and time of collection (24 hour clock) and the name of the person collecting the sample. (For example: ABC facility, Pool, Nov 1/11 14:30; John Smith)
2. In order for the lab to process the sample, the requisition form must be filled in correctly for each sample bottle.

**The following sections must be filled in, please note that some sections may already be completed** (See attached requisition example – sections highlighted in yellow must be filled in. Review and confirm that the information is correct):

- Owner, owner phone number
- Sampler's name
- Sampler's contact information (e-mail, phone, address)
- Date and time of Collection (24 hour clock)
- Facility name
- System name
- Site name – this is the precise location where the sample is taken from. If this box is already filled in, the sample must be taken only from the location specified.
- Site treatment, treatment type
- Chlorine Residual - Free and Total (ppm)
- pH
- Is sample submitted for purposes of the Drinking Water Protection Act? **Tick No**
- Tick **“Total Coliform”** and **“Pseudomonas”** for the tests required



## **STEP TWO: HOW TO COLLECT WATER SAMPLES**

1. Locate sampling point in pool – should be taken at or near the skimmer outlet.
2. Hold the bottle near the base and remove the cap from the bottle taking care not to touch the inside of the cap or mouth of the bottle.
3. Plunge the mouth of the bottle under the water surface (angled downward) to elbow depth, being careful not to let the powder fall out.
4. Fill by turning neck slightly upward and moving bottle slowly forward until filled to line mark.
5. Remove bottle from water.
6. Screw cap on tightly. Wipe off moisture from outside of bottle.
7. Place completed requisition form inside zip lock plastic bag (if provided) and wrap it around the sample bottle with rubber band.
8. If there is more than one sample, place each sample and protected requisition in a separate bag to contain any leaks.

**NOTE: THE SAMPLE WILL NOT BE PROCESSED IF THE REQUISITION FORM IS NOT ATTACHED TO THE BOTTLE.**

### **STEP THREE: SAMPLE TRANSPORT**

- **Note:** Samples received at the lab **more than 30 hours** after collection will be **discarded** without examination.
- Ship or deliver samples in a cooler with sufficient ice packs to **maintain temperature at <10°C** (Do not add ice to the sample).
- Water samples should be delivered to your local Health Centre (or local pre-arranged sample drop-off site) as soon as possible following collection.
- Contact your local Health Protection Office to confirm where and when water samples are accepted in your region for shipping to a lab.



### **RESULT REPORTING**

- Sample results are normally mailed to the Health Centre within 2-3 working days of receipt of sample.
- If the water sample tested positive for Pseudomonas, the operator will be contacted immediately following the receipt of unsatisfactory results. No contact will be made if the sample is negative.
- **Contact the local Environmental Health Officer for any questions.**

**EXAMPLE**

**Interior Health Authority**

1340, Ellis Street Kelowna , BC V1Y 9N1  
 Phone Number: (123) 123-1234 Fax Number: (123) 123-4567

| LABORATORY USE ONLY |  |
|---------------------|--|
| Lab Number          |  |
| Date Reported       |  |

|   |                                  |                       |
|---|----------------------------------|-----------------------|
| MHO: Medical Health Officer - on call   | Phone #: 1-866-457-5648          | E-mail:               |
| DWO / PH: EHO name  | E-mail:                          | Page #:               |
| Phone #: (123) 123-1234   | Cell #:                          | Fax #:                |
| OWNER: Owner name   | E-mail:                          | Page #:               |
| Phone #:  | Cell #:                          | Fax #: 250-861-1180   |
| Sampler's Name:   | Date/time collected: (YY/MM/DD): | HR                    |
| Sampler's Address:  |                                  |                       |
| Facility Name:  | Facility Number: 12-345-6789     |                       |
| System Name:  | System Type: Public              |                       |
| Site Name:  | Site Type: Pool                  | Site Code: P01RECCHLO |
| Site Address:   | GIS Location: Longitude          | Latitude:             |
| Source: Connected Water System  | Population:                      |                       |
| Site Treatment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Treatment Type: Chlorine         |                       |
| Chlorine Residual: Free ppm Total ppm pH:   | Turbidity: NTU                   |                       |
| Is sample submitted for purposes of the Drinking Water Protection Act? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                       |
| Is the Water System on Boil Water Notice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Since When?       |                                  |                       |
| Sample Submitted for: Routine   |                                  |                       |

|  |                                    |
|--|------------------------------------|
| Print or Type in Box Full Postal Address of Health Unit or Persons Authorized to Receive Report                                      | Additional Copy of Report Send to: |
| EHO name<br>Kelowna Central Health Centre<br>1340, Ellis Street<br>Kelowna , BC V1Y 9N1<br>Phone: (250) 868-7834 Fax: (250) 868-7760 | 1.<br>2.                           |

| Test Required                                      | LABORATORY USE ONLY                    |                           |                                  |            |
|--|--|---------------------------|----------------------------------|------------|
|  | Preliminary Result<br>Count per 100 ml | Technician Initial & Date | Final Result<br>Count per 100 ml | CFU per ml |
| <input checked="" type="checkbox"/> Total Coliform |  |                           |                                  |            |
| <input type="checkbox"/> Too Long in Transit       |  |                           |                                  |            |
| <input checked="" type="checkbox"/> Pseudomonas    |  |                           |                                  |            |
| <input type="checkbox"/> pH                        |  |                           |                                  |            |
| <input type="checkbox"/> Free Chlorine             |  |                           |                                  |            |
| <input type="checkbox"/> Total Chlorine            |  |                           |                                  |            |
| <input type="checkbox"/> Free Bromine              |  |                           |                                  |            |
| <input type="checkbox"/> Total Bromine             |  |                           |                                  |            |
| <input type="checkbox"/> Cyanuric Acid             |  |                           |                                  |            |
| <input type="checkbox"/> Alkalinity Total          |  |                           |                                  |            |
| <input type="checkbox"/> Hardness, Total           |  |                           |                                  |            |
| <input type="checkbox"/> Other                     |  |                           |                                  |            |
| <input type="checkbox"/> Previous Sample Overgrown |  |                           |                                  |            |

Check 2 consecutive volumes for sewage/pollution sample:  50mL  10mL  1mL  0.1mL  0.01mL  0.001mL