

Practice Number 5200296

EH Makana Municipality

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FULL FINAL LABORATORY REPORT

LAB NUMBER: UH 01354883

SAMPLE: EXT 7 CLINIC SOURCE:

Sample Ref: PH19/1316 Client Ref No: 3 Outbreak Case No:

Collected: 09/07/2019 10:00 Received: 10/07/2019 15:15 Printed: 12/07/2019 12:19 REPORT TO: MJ GRANT EH Makana Municipality Medical Officer Po Box 176 Grahamstown Eastern Cape 6140

PUBLIC HEALTH

Specimen received: Water Tests requested: Potable water

Potable Water:

SUBMITTED BY:

Medical Officer

MJ GRANT

Po Box 176

6140

Grahamstown

Eastern Cape

Condition on arrival	On ice
Coliform count (Colilert)	0 per 100ml
E coli count (Colilert)	0 per 100ml

WATER DOMESTIC ESSENTIAL MICROBIOLOGICAL CRITERIA AS PER SANS 241 Total bacterial count.....<=1000 per mL Total coliforms.....<=10 per 100mL

Escherichia coli.....Absent in 100mL

The above test result relates only to the item/sample as received

REFERENCE METHOD(S): Coliform Count - Colilert Method.....Colilert SANS 5521 E.coli Count - Colilert Method.....Colilert SANS 5521

Authorised by: M Marais (Medical Technologist) Potable water

-- End of Laboratory Report --
