

**FULL FINAL LABORATORY REPORT**

LAB NUMBER: UH 01262103

SUBMITTED BY:  
**JH ESTERHUIZEN**  
 EH Makana Municipality  
 Medical Officer  
 PO Box 176  
 Grahams Town  
 RECEIVED: 11/02/2019 10:00  
 OUTBREAK CASE NO: 1  
 Client Ref No: PH19/405  
 SAMPLE REF: PH19/405  
 SOURCE: FINAL RESERVOIR  
 REPORT TO:  
 JH ESTERHUIZEN  
 EH Makana Municipality  
 Medical Officer  
 PO Box 176  
 Grahams Town  
 RECEIVED: 12/02/2019 14:42  
 PRINTED: 18/02/2019 16:56  
 Baseline Case  
 Baseline Case  
 Tests requested: Portable water  
 Specimen received: Water  
 Portable water  
 Condition on arrival  
 >201 per 100mL  
 45 per 100mL  
 E coli count (Colilert)  
 E coli count (Colilert)  
 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

REFFERENCE METHOD(S):  
 Coliform Count - Colilert Method ..... Colilert SANS 5521  
 E.Coli Count - Colilert Method ..... Colilert SANS 5521  
 Authorised by: M Marais (Medical Technologist) Portable water

-- End of Laboratory Report --

<b>FULL FINAL LABORATORY REPORT</b>	
LAB NUMBER: UH 01262106	
Practicice Number 5200296	
PORT ELIZABETH LABORATORY	
Buckingham Road, Mount Croix, Port Elizabeth, EC, 6001	
Tel: 041 395 6111, Fax: 041 395 6144	
<b>NATIONAL HEALTH</b>	
LABORATORY SERVICE	
SAMPLE:	FINAL RESERVOIR
SOURCE:	ALICEDALE
REPORT TO:	UH ESTERHUIZEN
EH Makana Municipality	Client Ref No: 2
Medical Officer	Outbreak Case No:
PO Box 176	11/02/2019 10:00
Grahamstown	Received: 12/02/2019 14:42
Po Box 176	Printed: 18/02/2019 16:56
Grahamstown	Eastern Cape
Eastern Cape	6140
<b>SUBMITTED BY:</b>	
JH ESTERHUIZEN	
EH Makana Municipality	
Medical Officer	
Po Box 176	
Grahamstown	
Eastern Cape	
6140	
Tests requested: Water	
Specimen received: Water	
Potable water	
Condition on arrival	
On ice	
COLIFORM 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	
REFFERENCE 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 --	

NATIONAL HEALTH		LABORATORY SERVICE	
PORT ELIZABETH LABORATORY		BUCKINGHAM ROAD, MOUNT CROSS, PORT ELIZABETH, EC, 6001	
TELE: 041 395 6111, FAX: 041 395 6144		PRACTICE NUMBER 5200296	
FULL FINAL LABORATORY REPORT			
SAMPLE:	ENVIRO OFFICER	SOURCE:	MAKANA
REPORT TO:	M GRANT	CLINET Ref No:	PH19/338
SUBMITTED BY:	EH MAKANA MUNICIPALITY		
PO BOX 176	COLLECTED:	06/02/2019 10:15	OUTBREAK CASE NO:
GRAHAMSTOWN	PO BOX 176	DO BOX 176	EH MAKANA MUNICIPALITY
RECEIVED:	07/02/2019 12:02	GRAHAMSTOWN	COLLECTED
PRINTED:	11/02/2019 12:57	GRAHAMSTOWN	06/02/2019 10:15
ESTEREN CAPE	PRINTED:	ESTEREN CAPE	RECEIVED:
POTABLE WATER	CONDITION ON ARRIVAL	0 PER 100ML	E COLI COUNT (COLLIER)
WATER DOMESTIC	ESSSENTIAL MICROBIOLOGICAL CRITERIA AS PER SANS 241	TOTAL BACTERIAL COUNT.....<=1000 PER ML	ESCHERICHIA COLI.....ABSENT IN 100ML
THE ABOVE TEST RESULT RELATES ONLY TO THE ITEM/SAMPLE AS RECEIVED	REFERENCE METHOD(S):	COLIFORM COUNT - COLLIER METHOD.....COLILLER SAN 5521	E.COLI COUNT - COLLIER METHOD.....COLILLER SAN 5521
TESTS REQUESTED: POTABLE WATER	SPECIMEN RECEIVED: WATER	AUTORISED BY: M MARAIS (MEDICAL TECHNICIAN) POTABLE WATER	
-- END OF LABORATORY REPORT --			

PRACTICE NUMBER: 5200296  
 PORT ELIZABETH LABORATORY  
 NATIONAL HEALTH LABORATORY SERVICE  
 TEL: 041 395 6111, FAX: 041 395 6144  
 BUCKINGHAM ROAD, MOUNT CROIX, PORT ELIZABETH, EC, 6001  
 LAB NUMBER: UH 01258854

SUBMITTED BY:  
 MJ GRANT  
 EH Makana Municipality  
 Medical Officer  
 PO Box 176  
 Grahams Town  
 Outbreak Case No:  
 06/02/2019 10:15  
 Collected: 06/02/2019 10:15  
 Received: 07/02/2019 12:02  
 Printed: 11/02/2019 12:58  
 Baseline Case  
 On ice  
 Sample Ref: PH19/340  
 Client Ref No: 5  
 REPORT TO:  
 EH Makana Municipality  
 Medical Officer  
 PO Box 176  
 Grahams Town  
 Outbreak Case No:  
 06/02/2019 10:15  
 Collected: 06/02/2019 10:15  
 Received: 07/02/2019 12:02  
 Printed: 11/02/2019 12:58  
 Baseline Case  
 On ice  
 Sample Count (Colilert)  
 8 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) Portable water

-- End of Laboratory Report --

SAMPLE: PURIFICATION WORKS		SOURCE:	SUBMITTED BY:	M GRANT	BE Makana Municipality	Medical Officer	PO Box 176	Grahamstown	Total Coliform count.....<=1000 per mL	Essential Microbiological Criteria AS PER SANS 241	WATER DOMESTIC	The above test result relates only to the item/sample as received
Tests requested: Water												REFERENCE METHOD(S):
SPECIMEN received: Water												B.Coli Count - Colilert Method.....Colilert SANS 5521
Tests requested: Potable water												E.Coli Count - Colilert Method.....Colilert SANS 5521
SPECIMEN received: Potable water												COLIFORM COUNT - COLILERT METHOD
TESTS REQUESTED: Potable water												-- End of Laboratory Report --

PRACTICE NUMBER 5200296  
NATIONAL HEALTH LABORATORY SERVICE  
PORT ELIZABETH LABORATORY  
BUCKINGHAM ROAD, MOUNT CROSS, PORT ELIZABETH, EC, 6001  
TEL: 041 395 6111, FAX: 041 395 6144

LAB NUMBER: UN 01258856

SAMPLE: J STREET SOURCE: COMMUNAL TAP  
REPORT TO: MJ GRANT CLINIC REF NO: PH19/341 SAMPLE REF: MJ GRANT  
SUBMITTED BY: EH Makana Municipality MEDICAL OFFICER OUTBREAK CASE NO:  
PO BOX 176 RECEIVED: 06/02/2019 10:15 COLLECTED: 06/02/2019 10:15  
Grahamstown GRAHAMSTOWN PO BOX 176 RECEIVED: 07/02/2019 12:02  
Bastern Cape BASTERN CAPE PRINTED: 11/02/2019 12:59  
6140

Specimen received: Water Tests requested: Portable water

Portable Water

Condition on arrival  
COLIFORM COUNT (COLIFORM)  
0 per 100ml  
On ice

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 - COLIFORM METHOD.....COLIFORM SANS 5521  
E.COLI COUNT - COLIFORM METHOD.....COLIFORM SANS 5521  
Authorised by: M Marais (Medical Technologist) Portable water

-- End of Laboratory Report --

<b>FULL FINAL LABORATORY REPORT</b>	
LAB NUMBER: UH 01258859	
SAMPLE:	INDOOR SPORT CENTRE
SOURCE:	J02A
REPORT TO:	MJ GRANT
CLINIC REF NO:	7
EH Makana Municipality	Outbreak Case No:
Medical Officer	Po Box 176
Grahamstown	06/02/2019 10:15
Eastern Cape	Received: 07/02/2019 12:02
Eastern Cape	Printed: 11/02/2019 13:00
MJ GRANT EH Makana Municipality Medical Officer Po Box 176 Grahamstown Eastern Cape	
SUBMITTED BY:	
SPECSIMEN RECEIVED: Water	
TESTS REQUESTED: Potable water	
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 --	

