

## Best Practice MCL1158 Sample Proforma

**Sample Registration Call Centre: 0800 121 4914**

(voicemail system in the event that our lines are busy: please leave a message - we will call you back)

**EdinburghSampleReception@scottishwater.co.uk**

(when phones are out of service, or for requests of more than 5 sample numbers)

**IMPORTANT** - Samples should be supplied with the **fully completed (BLOCK CAPITALS)** sampling Proforma required by Scottish Water. Any omissions in the data required on these proforma may result in the analysis results being invalid however the customer may still be liable for the charges. Scottish Water **will not retrospectively add omitted data or alter information** supplied on the proforma after submission to Scottish Water.

LIMS Sample Number (write this number clearly on <b>each</b> bottle being submitted)		<b>1.</b>				
Date Sample Taken	<b>2.</b>	Time Sample Taken	<b>2.</b>			
Free Chlorine	<b>3.</b>	Total Chlorine	<b>3.</b>			
SW Case Reference, Service Request, Work Order Number or Auto Code Number - IMPORTANT		<b>4.</b>				
Reason For Sampling (please circle) <b>6.</b>	MAINS REPAIR	SERVICE RESERVOIR	RE-SAMPLE <b>5.</b>	ENQ - OUR WATER?	OTHER (please state)	
	DIRTY WATER	BIOLOGY	INFESTATION	NEW MAIN		
	ILLNESS	SPECIFIC ENQUIRY	TASTE	LEAD		
	PARTICLES IN WATER		MAINS RE-HAB WORK (inc mains repairs)			
Sample Point/Location/Address: (Postcode required)		<b>7.</b>				
Tankering Samples Only	Tanker ID/ Vehicle Reg	Fill Point	Discharge Point			
SW Regional Area (please circle)	North	South	East	West		
Tap Type (please circle)	Kitchen tap	Hydrant	Cap End	Other (specify)		
Is Main Live (please circle)	Yes	No				
Are Customers on a Boil Water notice? (please circle)	Yes		No			
Is the Main? (please circle)	Chloraminated	Chlorinated	Unknown			
Sampler Name	<b>8.</b>		Sampler Phone Number	<b>8.</b>		
Company Name			Company Contact Number			
Sampler EUSR Number	<b>9.</b>		DOMS 13 Exp. Date			
Chlorine Residual Test Kit/Reagents used	<b>10.</b>	Serial numbers used	<b>11.</b>	Batch numbers used	<b>11.</b>	
Cleaning Method (please circle)	Sprayed	Wipes	Flamed	Other		
Report to:	Name	<b>12.</b>				
	Contact Number	<b>12.</b>				
	email address	<b>12.</b>				
BOTTLE / STORAGE / TRANSPORT CONDITIONS: Record below bottles used & conditions to transport/store the sample if not delivered immediately to the lab. Record asset numbers of depot fridges and time stored if left at a pick up point for Scientific services collection.						
Depot:	Fridge Asset No:		Fridge Temp:			
Transport Conditions	Vehicle Registration			Does vehicle have a fridge?	Y	N
	Date	Time		Cool box used?	Y	N
Number of bottles for this sample and bottle type supplied* <b>13.</b>	Type					
	# of bottles	# of crypto	Other			
* This information is required to confirm the number of each bottle type used to provide improved chain of custody. The appropriate code for each bottle type used for this this can be found on the sample labels or in the bottle guide. Additional bottles can be referenced below.						
Additional Comments <b>14.</b>						

1. Sample numbers will be supplied to you within 5 working days from receiving your tie in confirmation email.

2. Please include date and time for all samples submitted. This is critical for the validity of any results and may affect your sample results.

3. Whenever a bacteriological sample is taken, the free and total residual chlorine must be measured. No Exceptions.

4. This enables follow up actions and can be linked directly to the specific job.

5. When requesting sample numbers for a resample, ALWAYS state the original sample number in the Additional Comments section AND tell Sample Reception the original sample number when phoning for a new resample number. This ensures that all samples (failures and resamples) are linked and easily accessed when following up on results.

6. Reason for Sampling must be clear as this can have major consequences on any decision initiating a Water Quality Incident following a reported sample failure. This MUST match what's detailed on the Confirmation email that your sample numbers have been provided from, or a Resample.

7. Include info about where the sample has been taken from including Customer Name, Address, Village, Town City, full postcode and sample point. "Fire Hydrant and Street Name" is not sufficient information.

8. The name and contact number of the person who has taken the sample. If the person who is taking the sample is a contractor working on behalf of Scottish Water, the name of the Scottish Water staff member responsible for the project must also be written. This ensures that the appropriate response can be made in the event of a sample failure.

9. This is the ID number on your DOMS & Hygiene EUSR card. Please ensure your card is in date.

10. Enter make, model and serial number of the test kit used to measure the free and total chlorine residuals.

11. MUST be completed.

12. MUST be completed.

13. In the event of any discrepancy with bottles submitted, the details entered in this section will be checked.

14. Enter details of any additional information relating to the sample which is not already stated on the sheet but deemed to be important e.g. original failing sample numbers (if applicable).