



ST HELENA PUBLIC HEALTH LABORATORY
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WATER MICROBIOLOGY TEST REPORT



Sample type: *Swimming Pool* *Routine Control* **Mains – Chlorinated** *Mains – Untreated* *Other (Specify)*

Sample collection details: *Collected by: Colin Peters* *Name & Address of Customer: Connect St Helena, Seales Corner* *Collection date: 19/12/16*

Sample receipt details: *Date Received in Lab: 19/12/16* *Testing Date: 19/12/16*

Lab No.	Source/Site	* Macroscopic Appearance	* Cl. Levels (ppm)		Microbiology Results				
			Free	Total	* WM 004 Total Colony Count cfu/1ml		WM 002		WM 003
					22°C/72h	37°C/48h	Coliforms cfu/100 ml	<i>E.coli</i> cfu/100 ml	<i>Enterococci</i> cfu/100ml
W727/1	3 Tanks HTH	Clear	2.96	3.16	0	0	Not Detected	Not Detected	Not Detected
W727/2	Nr Playground HTH	Clear	3.12	3.32	0	0	Not Detected	Not Detected	Not Detected
W727/3	Contact Tank Redhill	Clear	3.96	4.16	0	0	Not Detected	Not Detected	Not Detected
W727/4	Standpipe Nr Clinic Levelwood	Clear	2.51	2.68	0	0	Not Detected	Not Detected	Not Detected
W727/5	Contact Tank Hutts Gate	Clear	2.90	3.37	0	0	Not Detected	Not Detected	Not Detected
W727/6	Standpipe Nr Clinic Longwood	Clear	2.07	2.48	0	0	Not Detected	Not Detected	Not Detected
W727/7	Contact Tank Chubbs Spring	Clear	2.82	2.88	0	0	Not Detected	Not Detected	Not Detected
W727/8	Dillons Tank Jamestown	Clear	2.48	2.70	0	0	Not Detected	Not Detected	Not Detected

KEY: cfu – colony forming units
 NE – Not examined

Reported by Food Microbiologist:	Gift T. Sibanda	Signature:		Date:	22.12.2016
Checked by Acting Quality Manager:	Geoff Benjamin	Signature:		Date:	22.12.2016
Authorized by Lab Manager:	Geoff Benjamin	Signature:		Date:	22.12.2016

Notes:

1. Tests marked with * are NOT UKAS accredited
2. **Opinions and interpretations expressed herein are outside the scope of UKAS Accreditation.**
3. These results relate **ONLY** to the samples tested.
4. For method WM 002, Lactose broth was used for confirmation, instead of Lactose Peptone Water broth.
5. Chlorine levels and macroscopic appearance of water samples are provided by the customer on the request form and not by the Laboratory.
6. This report shall not be reproduced except in full, without written approval of the St Helena Public Health Laboratory.