**Bacteriological Test Result Reporting Form**

**For Floatation Systems**

Reporting of bacteriological test results to the Washington State Department of Health and local health department is required. **Within 48 hours** of obtaining the result from your specified laboratory, please fill out this form for each bacteriological test for each tank.

Send one copy of this form to the address, email, or fax number below. Send another copy to your local health department. **Be sure to attach a photocopy of the test report from your laboratory**.

Email: [WaterRecreation@doh.wa.gov](mailto:WaterRecreation@doh.wa.gov)

Mail: **WA Department of Health**

**Water Recreation Program**   
**243 Israel Road SE**

**Tumwater, WA 98501**

Fax: 360-236-2257

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|  | **Facility Information** | | | | | | | | | | | | | |  |
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|  | Facility Name: | | |  | | | | | Email: |  | | | | |  |
|  |  | | | | | | | | | | | | | |  |
|  | Physical Address: | | |  | | | | | | | Phone: | | |  |  |
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|  | **Owner Information** | | | | | | | | | | | | | |  |
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|  | Owner Name: | | |  | | | | | Email: |  | | | | |  |
|  |  | | | | | | | | | | | | | |  |
|  | Owner Address: | | |  | | | | | | | Phone: | | |  |  |
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|  | **Sample Information** | | | | | | | | | | | | | |  |
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|  | Date of sample taken  from the tank: | | | |  | | Unique identifier for the tank from which the sample was taken: | | | |  | | | |  |
|  |  | | | | | | | | | | | | | |  |
|  | Specific gravity of float water when the sample was taken: | | | |  | | Total number of sessions that have taken place since the last drainage: | | | |  | | | |  |
|  |  | | | |  | |  | | | |  | | | |  |
|  | Name of the person who collected the sample from the tank: | | | | |  | | | | |  | | | |  |
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|  | **Treatment Methods Information** | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
|  | UV lamp used?  Yes  No | | Ozone generator used?  Yes  No | | | | Advanced oxidation device used?  Yes  No | | | Salt chlorine generator used?  Yes  No | | | | |  |
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|  | **Mitigation** | | | | | |  | | | | | | | |  |
|  | Any mitigation performed after an unfavorable test result?  Yes  No | | | | | | | | | | | | | |  |
|  | If yes, explain: |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | |  |

**Sample Collection and Reporting Requirements**

* + - 1. The owner must take a float water sample from each tank once a month for the first six months of opening the business. The sample must be tested at a laboratory approved by the Washington State Department of Health (DOH) or local health department to ensure that the bacteriological standards are met. Upon successive compliance with the bacteriological standards for six months, testing frequency may be reduced to every six months thereafter.
      2. The owner shall abide by the sampling procedures specified by the laboratory.
      3. The owner shall take samples that are representative of the usual condition of the float water. In order to ensure this, the owner must take samples of float water that has been in use for at least ten sessions since the last drainage.
      4. A copy of the results of all tests must be shared with DOH for record keeping and analyses of the effectiveness of treatment methods. This will assist DOH in making future recommendations and decisions.
      5. Another copy of the results shall be shared with the local health department for monitoring, corrective actions as a response to the violation of the bacteriological standards, and other licensing requirements.
      6. The results of all tests shall be shared with DOH and the local health department within 48 hours of obtaining the results.
      7. The owner shall close the floatation system to the public immediately after obtaining test results indicating a violation of the bacteriological standards specified below. The owner shall contact the local health department to discuss options for mitigation prior to re-opening. DOH shall be notified of the mitigation for data tracking and analysis purpose.

**Bacteriological Standards:** The owner must maintain float water quality according to the following criteria. For laboratory testing purposes, items (a and b) or (a and c) in the following list must be performed.

1. Heterotrophic plate counts may not exceed two hundred bacteria per milliliter.
2. Total coliform may not exceed an average of one coliform per sample of one hundred milliliters when using the membrane filter test.
3. Total coliform may not exceed 2.2 bacteria per sample of one hundred milliliters of water when using the most probable number (MPN) method.