**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, fill out this form for each bacteriological test for each tank.

1. Send this form for each tank to the email address below. 2. Send a copy to your local health department. **Be sure to attach a photocopy of the test report from your laboratory.**

**Email:** WaterRecreation@doh.wa.gov

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|  | **Facility Information** |  |
|  |
|  | Facility Name: |   | Email: |   |  |
|  |  |  |
|  | Physical Address: |   | Phone: |   |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Owner Information** |  |
|  |
|  | 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: |   |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **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 your business. You must test the samples at a laboratory approved by the Washington State Department of Health (DOH) or local health department to ensure bacteriological standards are met. Upon meeting bacteriological standards for six months, you only have to test every six months thereafter.
			2. You will follow the laboratory’s sampling procedures.
			3. You will take samples showing the usual condition of float water. To do this, you must sample float water used at least ten times since the last drainage.
			4. You must share a copy of all test results with us for our records and to show how effective your treatment is. This will help us make recommendations and decisions.
			5. You also must share a copy of the results with your local health department for monitoring, corrective actions if bacteriological standards are not met, and other licensing requirements.
			6. You must share all test results with DOH and the local health department within 48 hours of getting results.
			7. You will close the floatation system to the public immediately after obtaining test results indicating a violation of the bacteriological standards specified below. You will contact the local health department to discuss options for mitigation prior to re-opening. You will notify DOH of the mitigation for data tracking and analysis purposes.

**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 200 bacteria per milliliter.
2. Total coliform may not exceed an average of one coliform per sample of 100 milliliters when using the membrane filter test.
3. Total coliform may not exceed 2.2 bacteria per sample of 100 milliliters of water when using the most probable number (MPN) method.