



Tasmanian
Government

ShellMAP Regulatory Services Request for Bacteriological Analysis of Shellfish Lease Waters

Public Health Laboratory 18 St Johns Avenue NEW TOWN Tasmania 7008

Phone: (03) 6166 1106

Email: publichealth.lab@health.tas.gov.au

*Please ensure that all applicable fields are filled out clearly.

Date Sampled: _____

Samplers Name: _____

Signature of
Sampler:

Sampler Phone # _____

x _____

Wind Condition – (*Please circle one of the options below)

Wind	N	NE	E	SE	S	SW	W	NW	CALM
Direction:	1	2	3	4	5	6	7	8	9

Tide Condition – (*Please circle one of the options below)

Tide Stage:	Incoming Tide A	High Tide B	Outgoing Tide C	Low Tide D
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Sample Name	Site Number	Time (24hr)	Temp (°C)	Salinity ‰

Note: Confidentiality exclusion - The PHL is legally required to notify the Director of Public Health of non-compliant results for food contaminants under the *Guidelines for Notifying Diseases and Food Contaminants* 2016, *Public Health Act* 1997.

Laboratory Use Only:

Time Received: _____ Temperature Upon Receipt: _____

Date Received: _____ Registered By: _____

Job Number: _____

*Please notify ShellMAP regulatory Services of all results in this form: shellmap@dpipwe.tas.gov.au