

ST DAVID'S POULTRY TEAM LTD

NUTWELL ESTATE  
LYMPSTONE EXMOUTH EX8 5AN

TEL: 01392 872932 FAX: 01392 873010

poultry@stdavids-vets.co.uk  
www.stdavids-vets.co.uk

### Water Testing Protocol

This protocol is suitable to be substituted for the Internal Screen done by Sci-Tech

1. Take two petrifilms- one aerobic and one coli form and place them film side up
2. Label them with the farm name, date and **TIME** (this is very important as the plates must be read 24 hours +/- 2 hours after starting)
3. Gently invert the water bottle 20 times to ensure it is evenly mixed
4. Take a sterile 2ml syringe and suck up 2ml of the water
5. Peel back the film lid on the coli form plate and gently squirt 1ml of the sample onto the pink area of the film
6. Replace the film lid and use the presser to gently distribute the water
7. Peel back the film lid from the aerobic film and gently squirt the other 1ml of the sample onto the gridded area
8. Replace the film lid
9. Use the presser gently to spread the water
- 10. Note the inside of the film lid is sterile and contains the agar for the aerobic plate**
11. Place the films inside the incubator and count the number of dots (colonies per film) to give the TVC and coliform count per ml of water
12. Read both films 22-26 hours and again 44-50 hours after testing

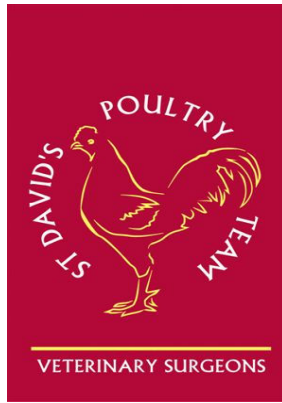
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ST DAVID'S POULTRY TEAM LIMITED

Registered Office: 4 King Square, Bridgwater, Somerset, TA6 3YF

The company was incorporated in England and Wales under company number 05994730

Vat No: 924 092042



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## St David's Poultry Water Testing Submission Form

**PLEASE SEND SAMPLES TO:**

**ST DAVIDS POULTRY TEAM, NUTWELL ESTATE, LYMPSTONE, EXMOUTH, EX8 5AN**

Report ref .....  
 Client Name .....  
 Farm Address .....  
 Age of birds .....  
 Bird type                      Layers / Broilers / Pullets / Breeders / Game Birds  
 Date sample taken .....  
 Date Sample Submitted .....  
 Sample Reference .....  
 Total Number of Samples .....

**Water Samples**

**Please note separate volumes needed for each test required, fill bottle to top, return to lab ASAP.**

**Clean tap / sample area and run water to drain for minimum of 2 minutes before taking sample**

**Potable = Drinking Water**

Water Test	Amount of water Needed	Testing for	Any further Information	Please tick required Test
Limited Potable screen	50ml OF WATER NEEDED	TVC, Coliforms/E.coli		

Vet

Date

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