

# TTHM and HAA5 Sample Collection and Handling Checklist

Facility Name: \_\_\_\_\_

Checklist Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

- | Yes                      | No                       |                                                                                                                                                                                                                         |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you obtain appropriate sample collection vials provided from the laboratory?                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the sample vials contain the proper preservative and dechlorinating agents?                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Was each vial labeled using waterproof labels and indelible ink?                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did each vial contain the following information on the label?                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Unique sample ID                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | System name                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Sample location                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Sample date and time                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Analysis required, if not already on label                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you remove the aerator from the tap if there was one present?                                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you open the water tap and allow the system to flush until the water temperature had stabilized (usually about 3-5 minutes)?                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adjust the flow so that no air bubbles were visually detected in the flowing stream?                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you slowly fill the sample vial almost to the top without overflowing?                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you careful not to rinse out any of the preservative/dechlorinating agent during this process?                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | After the bottle was filled, did you invert it three or four times to mix the sample with the preservative and dechlorinating agents?                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you collected a TTHM sample that requires acidification, did you:                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Let the sample set for about 1 minute, allowing the dechlorinating chemical to take effect?                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Carefully open the vial and adjust the pH of the TTHM sample to < 2 by adding approximately 4 drops of hydrochloric acid for every 40 mL of sample (amount of acid needed will depend on buffering capacity of sample)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Recap the vial, and invert three or four times?                                                                                                                                                                         |

