

Beach Posting Form

(Revised 2017)

Please immediately fax or email this form to the MDPH Beach Program at (617) 624-5183 or dph-beach@massmail.state.ma.us when:

1. The beach has been posted
2. The posting has been removed (with the second half of the form filled out)

Do not submit beach testing updates between the posting and posting removal. Also, please indicate if the beach's swim season has ended after a posting.

City/Town: _____

Name of Beach: _____

Sample Location (if beach has more than one): _____

► Date Posted: _____

Please fill in with the date on which the beach was actually posted, *not* the date on which the exceeding sample was collected.

Type of Beach Water: Fresh Marine

Public/Semi-Public: Public Semi-Public

Reason Posted: Bacteria Rainfall Other _____

Indicator Organism: E. Coli Enterococci

Bacteria Count: _____ Single Count Geometric Mean (Geo Mean)

► Reported by local health official: _____

► Date Posting Removed: _____

Bacteria Count: _____ Single Count Geometric Mean (Geo Mean)