

BACTERIOLOGICAL ANALYSIS CHAIN OF CUSTODY AND LABORATORY REPORT

This form is to be used for 100mL Analysis for Presence or Absence of Total Coliform and *E. coli* only. (FoT 101.060, 101.070)

MAILING LABEL PLEASE PRINT

Purveyor/Name _____
 Mailing Address _____
 City/State/Zip _____

Email / Fax# _____
 Phone _____ or _____
 Contact _____ or _____

SAMPLE DELIVERY:

Mon-Wed 7:30am – 3:30pm \$2 discount Tue < 11:00am
 Thu 7:30am – 11:00am
 Fri No samples accepted

Lab use only: Cost/Sample \$20 or \$18 (Tues.<11am)
 Invoice _____ or Paid: Cash \$ _____ or Check# _____

	Signature	Print Name	Date	Time Rec'd	Time Relinq'd	No. bottles
Collected by:	_____	_____	_____	_____	_____	_____
Transported by:	_____	_____	_____	_____	_____	_____
Transported by:	_____	_____	_____	_____	_____	_____
Received in laboratory by:	_____	_____	_____	_____	_____	_____

Collector or transporter remarks: _____

DEPARTMENT OF PUBLIC HEALTH NOTIFICATION:

YES _____ NO _____ (if no, please initial)

CDPH ADDRESS: _____

System Number: _____
 Attention: _____

One sample, one bottle, per ID. ONLY USE BOTTLES PROVIDED BY LAB WITH SODIUM THIOSULFATE PRESERVATIVE! Please see back page for directions.
 Sample collector please provide the following sample information. Signature above attests to the accuracy of this information.

Lab # <small>LAB USE ONLY</small>	ID #	Time Collected	Sample Point Location/Description <small>Address if different from above</small>	Chlorine <small>T = Total or F = Free residual as mg/L</small>	T E S T	T Y P E	If Resample Date and Location of original positive	Total Coliform P/A <small>LAB USE ONLY</small>	E. coli P/A <small>LAB USE ONLY</small>

Samples must be maintained in <10°C cooler during transport. Sample arrived at lab in <10°C cooler _____ Holding time met _____

TEST reason: A = routine, report to CDPH B = replacement C = special D = resample (list info. for original positive above)

TYPE of sample: DRINKING WATER: 1 = Well 2 = Distribution 3 = Holding tank 4 = OTHER, describe: _____

Laboratory Remarks: _____

Sample set up by: _____ Date: _____ Time: _____ Analysis completed date: _____ Time: _____

The analysis is performed according to EPA/ELAP approved procedures for the defined substrate method for testing drinking water (SM9223).

INTERPRETATION OF RESULTS: The result of TOTAL COLIFORM “A” indicates the absence of bacteriological contamination in the sample and the water is fit for human consumption based upon bacteriological quality. If a result of TOTAL COLIFORM “P” is obtained, presence of coliform bacteria was detected, the water is not fit for human consumption and further testing and/or appropriate remedial action is needed. If there is presence of total coliform, the presence or absence of *E. coli* will be determined. *E. coli* presence indicates fecal contamination.

NOTIFICATION REQUIRED: circle NONE or

Notified: Date: _____
 Person: _____
 By: _____

SAMPLING PROCEDURE FOR BACTERIOLOGICAL TESTS

This is an outline of the proper sampling procedure for the examination of drinking water's bacteriological content. With proper care of sampling you will help ensure that the results of the lab analysis are accurate and representative of your water. Please inquire at the lab or call if you have any questions. (661) 943-3201

SAMPLING POINT – Care should be taken to be sure that the sample is representative of the water to be tested. If you are uncertain as to where the sampling point should be please discuss this with lab personnel. When the sample point is a tap, choose one that is not leaking and has no nearby sources of external contamination. Note: washing or disinfecting the tap is not recommended.

SAMPLING PROCEDURE – First wash your hands with soap, rinse and dry well. Then open the tap completely and allow the water to run freely for 2-3 minutes or time sufficient to CLEAR THE LINE. If sampling directly from a well, run for at least 15 minutes. After clearing the line, restrict the flow so the sample bottle may be filled without splashing.

SAMPLE BOTTLE – The sterilized bottles for bacteriology sample should be handled with care to avoid contamination. Have the sample tap running and ready to sample, then PLEASE:

HOLD the bottle near the base, UNSCREW the CAP, DO NOT set the cap down. DO NOT handle or allow anything to touch any part of the cap or container that comes into contact with the sample.

PLACE the bottle under the tap. Hold the bottle at the base to avoid water splashing off hands into container. DO NOT let bottle touch tap. DO NOT rinse the bottle. FILL bottle past the 100 mL mark and leave air space at top for mixing. REPLACE cap. Mark tape with an I.D. name and number (number needed if more than 1 sample is taken.)

TRANSPORT – The sample should be brought to the lab immediately after sampling, transported in an iced cooler to maintain the temperature below 10°C. Protect the sample from contamination by melting ice, use blue ice or put ice or sample in watertight bags! The sample should be delivered to the lab within 6 hours from sample time. The temperature of the sample will be recorded on the report when delivered to the lab.

DATA – Fill out all of the information requested on the front of this form. Please use ink. Note the top is for your company name or your name (purveyor) and mailing address for the report. Please give us a daytime phone number. Be sure to sign and date the chain of custody section, by signing this you are certifying that the information provided is true. If you need witnesses for this sample, please ask the lab for a separate form. **Record the sample time and point of each sample.** Use the remarks area to note any problems or deviations from normal procedures.

RESULTS – If contamination is present lab personnel will notify you by phone. We need to speak to you in person so please call back if we leave you a message. This form will be mailed to you with the results, if you would rather pick up the report or have it faxed, please inform lab personnel when you bring the sample in. Payment is due when the sample is brought to the lab, however if other arrangements have been made, the report and an invoice will be mailed to you at the end of the month.

HEALTH DEPARTMENT NOTIFICATION – If this report is to be sent directly to the California Department of Public Health, please indicate which office it is to be sent to and your System Number.

LABORATORY HOURS – Please note the hours for the lab. If you need the report within 28 hours, have the sample to the lab no later than 11:00 AM on any sample day. A 22 hour test is available, discuss with lab personnel.

Information or pick up sample containers: Mon – Fri 7:30 am – 4:00 pm

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\$2 discount for sample brought in Tue. 7:30 – 11:00 am