

SAMPLES NOT ACCEPTED ON FRIDAYS

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BACTERIA REPORT FORM

Name:								
Address:								
City:								
State:		Zip Code:		County:				
Phone#:			Email:					
SM9223								
Location (and sample type)	Date Collected	Time Collected	Results		Results		Lab Sample ID #	Temperature °C (original/corrected) Temp w/ Vincent CF= _____ °C
			Total Coliform		<i>E.coli</i>			
			Absent	Present	Absent	Present		
			Absent	Present	Absent	Present		
			Absent	Present	Absent	Present		
			Absent	Present	Absent	Present		
Sampler Name:			Signature:					
Relinquished by (print/sign):			Date/Time:					
Received by (print/sign):			Date/Time:					
Tested by:		Date/Time Start:			Date/Time End:			
Laboratory Approval:			Date/Time:					

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Date Mailed/by:	Payment Type:	Comments:
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