BSK ASSOCIATES

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www.bskassociates.com

Turnaround Time Request
☐ Standard 3 business days for P/As
5 business days for 1x10s
☐ Rush (Surcharge may apply)
Date needed:

MICROBIOLOGY CHAIN OF CUSTODY

***Required Fields** Temp: Page _____ of _____

Company/Client Name*:	**Report Attention*:**	**Invoice To*:**	**Phone*:**	**Fax*:**
	Additional cc's:	PO#:	**E-mail*:**	

Address*:	**City*:**	**State*:**	**Zip*:**	**County*:**	How would you like your completed results sent? ☐ E-Mail ☐ FAX ☐ Mail

Project:	Project #:	Type of Water System (check only one box): ☐ Group A ☐ Group B ☐ Other	Group A and B systems - Provide from Water Facilities ID (WFI): ID #: _____ _____ _____ _____ _____ _____ **System Name:**

Sampler Name (Printed / Signature)*:

All drinking water P/A samples will have verbal results available the morning of the second day. A written report will be provided in 3 business days. Other reporting arrangements can be made for an additional fee. All samples submitted for compliance with the total coliform rule must include a phone number to a live person, no answering machines or services.

IF SAMPLE IS COLIFORM POSITIVE CONTACT*
1st Contact Name:
1st Phone: 2nd Phone:

(Optional)
2nd Contact Name:
1st Phone: 2nd Phone:

#	Sample Description/Location*	Sampled* Date	Sampled* Time	PA	1X10 Total	1X10 Fecal	3X5 Total	3X5 Fecal	Quanti-tray Total	Quanti-tray E-Coli	APC	HPC	Sulfur Reducing Bacteria	Iron Related Bacteria	Routine Distribution Sample: Chlorinated? Yes	Chlorinated? No	ppm Total	ppm Free	Repeat Sample: Distribution	GWR*	Chlorinated? Yes	Chlorinated? No	ppm Total	ppm Free	Sample Collected for Information Only: Investigative	Construction/ Repairs	Other

Routine Distribution Sample
Repeat Sample
Write the unsatisfactory routine lab# and collect date in the notes section below.
*GWR = Source Groundwater Rule (≤1,000 people)
Sample Collected for Information Only

Notes / Comments

Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company
Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company

Received for Lab by: (Signature and Printed Name)	Date	Time	Container(s) Received: BSK Bottle = 120mL Plastic Serial w/ $NA_2S_2O_3$ Other =

Shipping Method ONTRAC UPS WALK-IN FED EX Courier: _____
Packing Material: Bubble Wrap Paper Other
Cooling Method: Wet Blue None Chilling Process Begun: Y / N
Condition of Sample: Acceptable Other
Custody Seal: Y / N

Payment Received at Delivery: Check / Cash / Card
Date: PIA#: Init.

Payment for services rendered as noted herein are due in full within 30 days from the date invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service charges and interest specified in BSK's current Standard Terms and Conditions for Laboratory Services. The person signing for the Client/Company acknowledges that they are either the Client or an authorized agent to the Client, that the Client agrees to be responsible for payment for the services on this Chain of Custody, and agrees to BSK's terms and conditions for laboratory services unless contractually bound otherwise. BSK's current terms and conditions can be found at www.bskassociates.com/BSKLabTermsConditions.pdf