

350 E. Commercial Road Suite # 110 San Bernardino, CA 92408 (909) 796-2059 · Fax (909) 796-2174

**MICROBIOLOGY CHAIN OF CUSTODY** 

| *Required Fields   |                            |                                       |                               |                 | Temp: Thermometer ID: |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|--|----------------------------|---------------------------------------|-------------------------------|-----------------|-----------------------|--|------------|---|--------------|--------------------|----------|------------|---------------|--------------|-------------------------|----------------------------------|----------------|-----------------|-------------------|--|--|------------|-------|--|--|
|  |                            |                                       | Report Attention*: Invoice To |                 |                       |  |            | Го*:  | *: Phone*:   |                    |          |            |               |              | Fax*:                   |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       | Additional cc's:              |                 |                       |  | PO#:       |   |              |                    |          | E-ma       | ···           |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Addres   | ss*:                       | City*:                                | State*:                       |                 | Zip*:                 |  |            | Reporting C   | Options      |                    |          | E-IIIa     |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            | SWAMP EDD Type:   |              |                    |          |            |               |              |                         |                                  | WaterTrax ID#: |                 |                   |  |  |            |       |  |  |
| Project: Project #:  |                            |                                       |                               |                 |                       |  |            |   | CB (Drinking | **                 |          |            |               |              | es County Orange County |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   | Riverside C  | 0.                 | San E    | Bernard    | lino Co.      |              | Other                   | :                                |                |                 |                   |  |  | _          |       |  |  |
| Sample   | ler Name (Printed / Signa  | ature)*:                              |                               |                 |                       |  |            | Regulatory  | Sample*:     |                    |          | Yes        |               | No           | TAT*                    |                                  |                | Stand           | l <b>ard</b> - 10 | 0 Busir  | ness Da  | ays        |       |  |  |
| All drin   | nking water bacteria samp  | les will have verbal results availab  | ole the morning of the seco   | nd day. A writ  | ten report will b     | e prov                                       | ided in 7- | 10 business day   | s. Other rep | orting arran       | gement   | s can l    | oe made for a | n additional |                         |                                  |                | Rush            | (Surcha           | arge)  |  |            |       |  |  |
| fee. Al  | Il samples submitted for c | compliance with the total coliform ru | ule must include a phone n    | umber to a live |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                | Date N          | Needed            | ı  |  |            |       |  |  |
| IF SAMPLE IS COLIFORM POSITIVE CONTACT*  Lab Use Only  |                            |                                       |                               |                 | = = =                 |  |            | =   = = =   | A B          | our<br>our         |          | Ę          |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Name:  |                            |                                       | Contact:<br>Date:             |                 | Total                 |  |            | Total<br>Fecal<br>E. coli                                   | Class A      | 48 Hour<br>72 Hour | ert      | - Colilert | Field Notes   |              |                         |                                  | Source         | <b>;</b>        |                   | Туре   |  |            |       |  |  |
| 1st Ph   | none:                      | 2nd Phone:                            | Time:                         |                 | Init.                 |  |            |   |              | 1                  | Colilert | 0 -        |               |              |                         |                                  |                |                 |                   | i  |  |            |       |  |  |
|  |                            |                                       |                               | Sam             |                       |  |            |   |              |                    | titray   |            |               | ł            |                         |                                  | Wtr            | Æ               | Ф                 |  | ment   |            |       |  |  |
| #  |                            | Sample Description*                   |                               |                 |                       |  |            |   | Fecal        |                    | X 10     | Quantitray | Cl2 Res       | Turbidity    | >                       | WW                               | Solid          | Surface         | LT2ESWTR          | Routine  | Repeat   | Replacemen | Other |  |  |
|  |                            |                                       |                               | Date            | Time                  | PA   | 1X10       | 3X5   | Solids       | HPC                | _        | Ø          |               |              | MO                      | ≥                                | й              | હ               |                   | ĕ  | ž  | Re         | Ŏ     |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  | <u> </u>       | igwdapprox      | $\longmapsto$     | <del>                                     </del> | <del>                                     </del> |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  | <u> </u>       | igsqcup         | Ш                 | <b></b>  | <b></b>  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   | i l  | i l  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   | <sub>i</sub>                                     | <sub>i</sub>                                     |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                | $\vdash$        |                   |  | $\Box$   |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  | $\vdash$       | $\vdash \vdash$ | $\vdash$          |  |  |            |       |  |  |
| Notes /  | / Comments                 |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
|  |                            |                                       |                               |                 | Date                  |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Relinquished by: (Signature and Printed Name) Company  |                            |                                       |                               |                 |                       | Time   | Re         | Received by: (Signature and Printed Na                      |              |                    |          | Company    |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Relinquished by: (Signature and Printed Name) Company  |                            |                                       |                               |                 |                       | Time   | Re         | Received by: (Signature and Printed Name)                   |              |                    |          |            |               | Company      |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| •  |                            |                                       |                               |                 |                       |  |            |   |              |                    |          |            |               |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Received for Lab by: (Signature and Printed Name)  |                            |                                       |                               |                 |                       | Time   | Co         | Container(s) Received: BSK Bottle = 120mL Plastic Serial w. |              |                    |          |            |               |              |                         | IA <sub>2</sub> S <sub>2</sub> O | 3              |                 |                   |  |  |            |       |  |  |
| <b></b>  |                            | -DAG                                  | 200                           |                 | Courier:              |  |            | Other =   |              |                    |          |            | Ob a al-      |              |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Shipping Method:         ONTRAC         UPS         GSO         WALK-IN         FED EX           Packing Material:         Bubble Wrap         Paper         Other         Condition of Sample |                            |                                       |                               |                 |                       | Payment Received at Delivery: Check / Cash / |            |   |              |                    |          |            |               | Card         |                         |                                  |                |                 |                   |  |  |            |       |  |  |
| Cooling Method: Wet Blue None Chilling Process Begun: Y/N  |                            |                                       |                               |                 |                       | ıl: Y/I                                      |            | ite:  |              |                    |          |            |               |              | PIA#:                   |                                  |                |                 |                   | Init.  |  |            |       |  |  |