BSK ASSOCIATES
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MICROBIOLOGY CHAIN OF CUSTODY

Observed Temp (°C): **Corrected Temp (°C):** **Thermometer ID:** ***Required Fields**

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

Address*: **City*:** **State*:** **Zip*:**

Reporting Options: ☐ EDD Type: _____ ☐ WaterTrax ID#:_____

Project: Project #:

Regulatory Copies: ☐ Copy to: _____

Sampler Name (Printed / Signature)*:

Regulatory Sample*: ☐ Yes ☐ No

TAT* ☐ **Standard** - 10 Business Days ☐ **Need a verbal?** (Surcharge will apply) ☐ **Rush** (Surcharge will apply) Date Needed:

All drinking water bacteria samples can have verbal results available the morning of the second day, but an additional fee will apply. A written report will be provided in 7-10 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. A fee will be applied to over-filled sample containers.

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

#	Sample Description*	Sampled* Date	Sampled* Time	PA	1X10 Total ☐	1X10 Fecal ☐	1X10 E-Coli ☐	3X5 Total ☐	3X5 Fecal ☐	3X5 E-Coli ☐	Fecal Solids Class A ☐	Fecal Solids Class B ☐	HPC Pour Plate ☐	HPC SimPlate ☐	Quantitray	Other:	Is sample from a chlorinated source? (required) Yes No	Field Notes: Cl2 Res	Field Notes: Turbidity	Source (DW = Drinking Water) (WW = Wastewater): DW	Source: WW	Source: Solid	Source: Surface Wtr	Source: Ag Water	Type: Routine	Type: Repeat	Type: Replacement	Type: Other

Notes

Overfill Observed? Y / N **Charges Approved**: intials:_____

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 NELAP Laboratory Sample Container	Other:

Shipping Method: GLS UPS WALK-IN FED EX Courier:_____ BSK Lab: BAL FAL RAL SAL

Received on Ice: Yes No **Custody Seal:** Shipping Container Y / N Samples Y / N

Payment Received at Delivery: CC: last 4 #: Auth #: Check #:
Date: Amount: 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. Visit www.bskassociates.com for our current terms and conditions.