

Coliform Work Order Lab Number/Date Time

(This is an online fillable form)

DELLAVALLE LABORATORY, INC. www.dellavallelab.com

1910 W. McKinley Avenue, Suite 110 • Fresno, CA 93728 559-233-6129 . (00) 228-9806 . Fax 559 268-8174

Purchase Order No _____ Acct # _____ Cons # _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Site/Sampling Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Cell _____

Email: _____

REQUESTED BY: _____

PROJECT NAME: _____

Check One:

Routine Repeat Replacement Special

Analysis Requested: Total Coliform & E.Coli (Method SM9223)
 Absent/Present Residual Chlorine
 Most Probable Number (MPN) **Meter Reading**
 Records Retained 5 years

COPY TO: _____

If present, whom shall we contact? _____ Phone: _____

Notification: _____ Notifying Employee: _____

DO _____ Date/Time Called _____

Client _____ Date/Time Called _____

County _____ Date/Time Called _____

Lab/Notification Notes: _____

Samples _____ **Sampled By:** _____ **Date Sampled:** _____ Analyst: _____

Sample Description	Time Sampled	Residual Chlorine mg/l	Rec'd Temp °C	Date Started	Time Started	Date Analyzed	Time Analyzed	Total Coliform /100ml	Total E-Coli /100ml	Invoicing Information
1										Shipping:
2										In
3										Out
4										Contract:
5										

Sampler Notes:

CHAIN OF CUSTODY			
Signature	Company	Rec'd Date/Time	Relinquished (Date/Time)

Ship Info: DLI Sampler Walk In Courier Other
 Container: Ice Chest None Other
 Refrigerant: Wet Ice Blue Ice None Other
 All Samples Received Intact? Yes No
 Containers match sample description: Yes No
 Sterile 100 mL Plastic Na2S2O3: Yes No
 Sample Matrix: DW Ag Water Other