

Instructions for Completion of Coliform Work Request

Please fill out all highlighted sections and complete other sections as needed. Listed below you will find some guidelines to better assist you in filling out the form.

1. **Site/Sampling Address** (Required for state/county regulated water systems)
Fill out if site/sampling address is different from the billing address.
2. **E-mail** (Optional but suggested for optimal result delivery)
Provide an e-mail if you would like a digital copy of the results and chain of custody.
3. **Project Name** (Optional but suggested)
Examples: Global gap, FSMA, ranch name, or system ID numbers for water systems
4. **Sample Description** (Required)
The description you provide will appear on the report and must match the description on the bottle. Example: Well name
5. **Date Sampled and Time Sampled** (Required)
For waters date and time sampled is very important.
6. **Residual Chlorine & Meter Reading** (Required for state/county regulated water systems)
7. **Copy To** (Optional)
Provide additional e-mails if you would like someone other than yourself to receive a copy of the results. Please note that results will not be sent to the state or county unless added to the work order.
8. **Chain of Custody** (Required)
Sign and fill in the date and time you relinquished your sample.

Please contact our office at (800) 228-9896 if you have any questions or would like to speak to a consultant.

Coliform Work Order Lab Number/Date Time

DELLAVALLE LABORATORY, INC • www.dellavallelab.com

1910 W. McKinley Avenue, Suite 110 • Fresno, CA 93728 • (559) 233-6129 • (800) 228-9806 • Fax (559) 268-8174

Purchase Order No: _____ Acct/Cons: _____

Business Name _____

Billing Address: _____

City _____ **State** _____ **Zip** _____

Site/Sampling Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Cell: _____

Email: _____

Submitted By: _____

Project Name: _____

Circle One: Routine Repeat Replacement Special **# Samples** _____

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: _____

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
1.										
2.										
3.										
4.										
5.										

Sampler Notes:

Chain of Custody			
Signature	Company	Rec'd Date/Time	Relinquished Date/Time

Shipping Info ☐ DLI Sampler ☐ Walk In ☐ Courier ☐ Other _____

Container: ☐ Ice Chest ☐ None ☐ Other _____

Refrigerant: ☐ Wet Ice ☐ Blue Ice ☐ None ☐ Other _____

All samples received and intact? ☐ Yes ☐ No

Containers match sample description: ☐ Yes ☐ No

Sterile 100 mL Plastic Na₂S₂O₃: ☐ Yes ☐ No

Sample Matrix: ☐ DW ☐ Ag Water ☐ Other _____

Invoicing Information