

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

Records Retained 5 years



View for
sampling
instructions

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

Check

Routine Repeat Special Replace

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

Analysis Requested: Total Coliform & E.Coli (Method SM9223)	
<input type="checkbox"/> Absent/Present	Invoicing: _____
<input type="checkbox"/> Most Probable Number (MPN)	Ship In: _____
<input type="checkbox"/> Residual Chlorine	Ship Out: _____
<input type="checkbox"/> Meter Reading:	Contract: _____

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: _____

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:

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

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