

Instructions for Completion of Coliform Work Request Form

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. Company Name:**
The billing address.
- 2. Address**
Billing address.
- 3. Site/Sampling Address** (Required for state/county regulated water systems)
Fill out if site/sampling address is different from the billing address.
- 4. 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.
- 5. Project Name** (Optional but suggested)
Examples: Global gap, FSMA, ranch name, or system ID numbers for water systems
- 6. Sample Description** (Required)
The description you provide will appear on the report and must match the description on the bottle. Example: Well name
- 7. Date Sampled and Time Sampled** (Required)
For waters date and time sampled is very important.
- 8. Residual Chlorine & Meter Reading** (Required for state/county regulated water systems)
- 9. 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.
- 10. 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



View for
sampling
instructions

Purchase Order No

Acct #

Cons #

Company Name:

Address:

City:

State:

Zip:

Site/Sampling Address:

City:

State:

Zip:

Telephone:

Fax:

Cell

Email:

REQUESTED BY:

PROJECT

Check

[] Routine [] Repeat [] Special [] Replace

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

Analysis Requested: Total Coliform & E.Coli (Method SM9223)

[] Absent/Present

Invoicing:

[] Most Probable Number (MPN)

Ship In:

[] Residual Chlorine

Ship Out:

[] 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:

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
1									
2									
3									
4									
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