

COLIFORM WORK REQUEST

Please be sure to complete all highlighted fields

DELLAVALLE LABORATORY, INC.

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Maximum hold time for drinking water is **30 hours** and for non-potable water is **24 hours**.

Purchase Order No. _____

Acct # _____

Cons # _____

Water Type:

Drinking Water

Water

(non-potable)

No. of Samples: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

SITE/SAMPLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

COPY TO: _____

REQUESTED BY: _____

PROJECT: _____

SELECT ONE:

Routine

Special

Repeat

Replace

Sampler Notes



Scan QR code
for sampling
instructions on
bacteriological
samples

Analysis Requested: Total Coliform and E. coli (Method SM9223B)

Most Probable Number (MPN)

Absent/Present

Residual Chlorine (record below if requested)

Meter Reading: _____

For Positive Total Coliform and E. coli Samples (Drinking Waters Only)

Client Notification Required:

Yes

No

Contact Name: _____

Phone: _____

Office Use Only

DO: _____

Initial/Date/Time Called: _____

Client: _____

Initial/Date/Time Called: _____

County: _____

Initial/Date/Time Called: _____

Lab Notification Notes: _____

Invoice (\$): _____

Date Paid: _____

Check No: _____

Amount Paid (\$): _____

Rec. By: _____

Agreement (Date): _____

Shipping In (\$): _____

Shipping Out (\$): _____

Laboratory Use Only

Date Sampled: _____

Sampled By: _____

Analyzed By: _____

	Sample Description	Collection Time	Residual Chlorine (mg/L)	Rec'd Temp (°C)	Prep Date	Prep Time	Analysis Date	Analysis Time	Total Coliform /100mL	Total E-Coli /100mL
1										
2										
3										
4										
5										

ADDITIONAL SAMPLE INFO:

Chain of Custody			
Signature	Company	Received (Date/Time)	Relinquished (Date/Time)

Ship Info:

DLI Sampler

Walk In

Courier

Container:

Ice Chest

None

Other

Refrigerant:

Wet Ice

Blue Ice

None

Samples Received Intact?

Yes

No

Container/Sample Info Match?

Yes

No

Sterile 100mL Plastic Na₂S₂O₃?

Yes

No