3580 Harlem Road Suite 2
Cheektowaga, NY 14215
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Lab Submittals: analysis@biotrax.net

Water Testing Chain of Custody

Form FO-556 V 1.0 - Water Testing COC
Updated 12-27-23

LAB CONTROL NUMBER _____

Analysis Options:

1. ***Total Coliform / E Coli P/A*** *- SM 20. 21-23 9223B (-04) (Colilert) 100ml sample*
2. ***E. Coli Enumeration*** *- SM 20, 21-23 9223B (-04) (Colilert) 100ml sample*
3. ***Fecal Coliform*** *- SM 20, 21-23 9221E (-04) (Colilert) 100ml sample*
4. ***Aerobic Plate Count*** *- SM 20, 21-23 9215B (-04) 1ml sample x 2 plates*
5. ***Yeast and Mold***
6. ***Salmonella***
7. ***Nitrates / Nitrites***
8. ***Lead***
9. _____

Incubator 1:	**Biotrax ID # 0077 - 35 °C**
Incubator 2:	**Biotrax ID # 0074 - 44.5 °C**

Contact Information: *Please fill out all yellow highlighted fields*

Company:		**Address:**	
Contact:		**Email Address:**	
Phone:			

Project Information

Project ID:	
Project Description:	
PO Number:	
Sampled By:	

Lab Use Only

Sample on Ice? ***Y / N***	*Temp Received* _____ ***°C***
Incubation Start Date/Time:	
Incubation End Date/Time:	
Results Read Date/Time/Tech:	

	Sample Identification / Location	Sample Type (Below)	Sample Date	Sample Time	Free CL2 Residuals	Requested Analysis
1.						1 2 3 4 5 6 7 8 9
2.						1 2 3 4 5 6 7 8 9
3.						1 2 3 4 5 6 7 8 9
4.						1 2 3 4 5 6 7 8 9
5.						1 2 3 4 5 6 7 8 9
6.						1 2 3 4 5 6 7 8 9
7.						1 2 3 4 5 6 7 8 9
8.						1 2 3 4 5 6 7 8 9
9.						1 2 3 4 5 6 7 8 9
10.						1 2 3 4 5 6 7 8 9

Method Used	*Media Used*	*Incubator*	Colifrom P/A per 100 mL	E. Coli P/A per 100 mL	*Total Small Wells / Plate Count 1/ 1ml*	*Total Large Wells / Plate Count 2/ 1ml*	*MPN / APC Average*

Sample Type Codes: **PW**- Potable Water **NPW**- Non-Potable Water **BS**- Biosolid

Notes:

Media Lot Number

Media 1: Colilert-24	Media 2: Colilert-18
Media 3: Quanti-Tray 2000	Media 4: Remel Pour Tube
Media 5: Idexx Bottle	

RELINQUISHED BY:	Date & Time	RECEIVED BY:	Date & Time

Reviewed By / Date	

Save Clear E Mail