

Microbiological Drinking Water Sample Identification Sheet

Laboratory Name: EASTERN LAB SERVICES, LTD
 1035 Medina Road, Suite 500
Certification Number: 889 Medina, Ohio 44256
 Phone: 330-670-7920 Fax: 330-670-7921

Completely fill out using ballpoint pen																		
Water Supply Name _____																		
County _____	PWS ID # (Mandatory) _____																	
Date Collected _____	Sample Tap ID _____	Tax ID # _____																
Time Collected _____	Address of Sample Tap _____	City / State / Zip _____																
Signature of Sample Collector _____		Phone _____																
Sample Classification Routine <input checked="" type="checkbox"/> Repeat _____ Special _____ If Repeat, Last Sample # _____ Public _____ Private _____ Distribution System _____ Raw _____ Plant Tap _____ Surface _____ Ground _____ Beach Waters _____	Person to Receive Results Name _____ Address _____ City _____ State _____ Zip _____																	
Laboratory Results Test Used - MMO-MUG																		
Not Analyzed _____ Too Old _____ Leaked in Transit _____ Broken in Transit _____ Residual Chlorine _____ Less than 100 mL _____ Incomplete information _____ Lab Accident _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">TOTAL COLIFORM RESULTS</th> </tr> <tr> <td style="padding: 2px;">POSITIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">NEGATIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <th colspan="2" style="text-align: center; padding: 2px;">E. COLI RESULTS</th> </tr> <tr> <td style="padding: 2px;">POSITIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">NEGATIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">MPN</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ponds / Lakes / Beach Waters</td> </tr> </table>	TOTAL COLIFORM RESULTS		POSITIVE	_____	NEGATIVE	_____	E. COLI RESULTS		POSITIVE	_____	NEGATIVE	_____	MPN	_____	Ponds / Lakes / Beach Waters		Sample # _____ Date Rec'd _____ Time Rec'd _____ Date Rep't _____ Analyst _____
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