



LABORATORIES, INC.

4100 Atlas Court, Bakersfield, CA 93308
TEL: (661) 327-4911 FAX: (661) 327-1918

Bacteriological Chain of Custody

*Required Fields
Work Order#

Report To: Client*				Report Attention:*			
Address*		City*	State*	Zip*	Phone*		Fax
Project Information:			PO # (if applicable)		Email		
Sampler Name: Printed*				Temperature: (A) _____ °C / (C) _____ °C			
Signature*				Refrigerant: Ice Blue Ice None			

IF SAMPLE IS COLIFORM POSITIVE, CONTACT* Name: _____ 1 st Phone: 2 nd Phone:	LAB USE ONLY Contact _____ Date _____ Time _____ Init* _____	COPIES TO: (check one)			KEY SOURCE = A – Drinking Water B – Waste Water TYPE = 1 – Routine 3 - Other SEE KEY 2 - Repeat
		Kern Co	CA –DHS	Client	

Sample Description*	LAB # ID	SAMPLED*		P/A	HPC	Quanti Tray	555 Total	10 Tube	Fecal 555 Total	Source	Type	PERMIT No.	CHLORINE RESIDUAL
		DATE	TIME										

COMMENTS:

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Date	Time
Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Date	Time

Payment for services rendered as noted herein are due in full within 30 days from the date invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service charges and interest. The person signing for the Client/Company acknowledges