BSK ANALYTICAL LABORATORIES

1414 Stanislaus Street, Fresno, CA 93706-1623
(559) 497-2888 ♦ FAX (559) 497-2893 ♦ www.bsklabs.com

MICROBIOLOGY

* Required Fields

TEMP: _____

Client/Company Name *:	Report Attention *:

Address *	City *	State *	Zip *	Phone * #:	FAX * #:

Project Information:	PO #	E-mail:

Sampler Name Printed / Signature

* Regulatory Sample: (Circle One) YES NO

All drinking water bacteria will have verbal result available the morning of the second day. A written report will be provided in 7-10 business days. Other reporting arrangements can be made for an additional fee; All samples submitted for compliance with the total coliform rule must include a phone number to a live person, no answering machines of services.

How would you like your completed results sent?

☐ E-Mail ☐ Fax ☐ Mail Only

Copies To: (Circle One) **Fresno Co.** **CA-DHS** **Tulare Co.** **Merced Co.** **Other:**

** KEY: Source = A - Drinking Water, B - Waste Water, C - Sewage, D - Other, E - Solid Type = 1 - Routine, 2 - Repeat, 3 - Replacement. 4 - Other

IF SAMPLE IS COLIFORM POSITIVE CONTACT*

Name:

1st Phone: 2nd Phone:

Lab Use Only

Contact:
Date:
Time: Init.

Sample #	Bacti ID#	Sample Description *	Sampled* Date	Sampled* Time	PA	1X10 Fecal ☐ Total ☐ E-Coli ☐	3X5 Fecal ☐ Total ☐ E-Coli ☐	Fecal Solids Class A ☐ Class B ☐	HPC 48 Hour ☐ 72 Hour ☐	Colilert 1X10	Other	Field Notes C12 Res	Field Notes Trubidity	** See Key Source	** See Key Type	Lab Results Total Coli	Lab Results Fecal Coli	Lab Results E-Coli	Lab Results HPC CFU/ml	Lab Results Other
					☐	☐	☐	☐	☐	☐	☐									
					☐	☐	☐	☐	☐	☐	☐									
					☐	☐	☐	☐	☐	☐	☐									
					☐	☐	☐	☐	☐	☐	☐									
					☐	☐	☐	☐	☐	☐	☐									
					☐	☐	☐	☐	☐	☐	☐									

Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by (Signature and Print Name)	Company

Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by (Signature and Print Name)	Company

Relinquished to Aux Lab by: (Signature)	Received by Aux Lab by: (Signature)	Date	Time	Container(s) Received: BSK Bottle = 120ml Plastic Serial w/ $NA_2S_2O_3$
				Other =

Shipping Method: CAO UPS GSO WALK-IN SJVC FED EX OTHER

Cooling Method: WET BLUE NONE

Condition of Sample: Acceptable

Other:

Payment Received at Delivery: Check/Cash/Card

Date: Amount: PIA #

Notice: Payment for services rendered as noted herein are due in full within 30 days from when invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service/re-billing charges and interest calculated at 1 1/2 % per month, 18% per annum. BSK & Associates shall be entitled to recover on delinquent accounts, costs of collections, including attorneys' fees incurred prior to or in litigation whether concluded by judgement, settlement, compromise or otherwise. The person signing for the client/Company expressley acknowledges that they are either the Client or authorized agent to the Client, and the Client agrees to be responsible for payment for analytical services on this Chain of Custody. Any modification of the analysis requested, either type or quantities, will be noted and agreed upon this Chain of Custody. The turn around time for any samples received after 3:00 pm will begin the next business day.