

BACTERIOLOGICAL SAMPLE INPUT FORM
USE BALL POINT PEN ONLY—PRESS FIRMLY

PWSID:		Sample Location:			Location Code:			Lab Sample	
								Nº	
Collected by: Telephone: ()					LAB USE ONLY -				
Date: / /		Time a.m./p.m.		Sample Type:	Chlorine Residual:				Lab ID #: 00215 Laboratory Name: Mid-Atlantic Laboratories, Inc.
									Date/Time Received in Lab: _____ By: _____
Public Water System Name & Mailing Address					Date/Time Completed: _____ By: _____				
					Method: ONPG-MUG Contaminate Code: 3100 Coliform				
					<u>BACTERIOLOGICAL ANALYSIS RESULTS</u>				
					Total Coliforms by Colilert: Results: _____ ABSENT _____ PRESENT				
					E. Coli by Colilert: Results: _____ ABSENT _____ PRESENT				
					Other: _____				
Bottle contains Sodium Thiosulfate and is for MAL use only.									