BSK ASSOCIATES

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MICROBIOLOGY CHAIN OF CUSTODY

*Required Fields

Temp: °C Thermometer ID:

Company/Client Name*:	Report Attention*:	Invoice To*:	Phone*:	Fax*:
Community Alliance with Family Farmers (CAFF)	Additional cc's: Grace Jackson - grace@caff.org	Frank Munzinger PO#:	E-mail*:	

Address*:	City*:	State*:	Zip*:
P.O. Box 363	Davis	CA	95617

Reporting Options: ☐ SWAMP ☐ EDD Type: _____ ☐ WaterTrax ID#:_____

Project: Bacti | Project #:

Copies to: ☐ Fresno Co. ☐ SWRCB ☐ Tulare Co. ☐ Merced Co. ☐ Sac Co. ☐ Other: _____

Sampler Name (Printed / Signature)*:

Regulatory Sample*: ☐ Yes ☒ No

TAT* ☐ **Standard** - 10 Business Days ☐ **Rush** (Surcharge) Date Needed _____

All drinking water bacteria samples will have verbal results 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 or services.

IF SAMPLE IS COLIFORM POSITIVE CONTACT*
Name:
1st Phone: 2nd Phone:

#	Sample Description*	Sampled* Date	Sampled* Time	PA	1X10 Total	1X10 Fecal	1X10 E-Coli	3X5 Total	3X5 Fecal	3X5 E-Coli	Fecal Solids Class A	Fecal Solids Class B	HPC 48 Hour (PP)	HPC 72 Hour (PP)	HPC SimPlate	Colilert (1 X 10)	Quantitray	Field Notes: Cl2 Res	Field Notes: Turbidity	Source: DW	Source: WW	Source: Solid	Source: Surface Wtr	Source: Ag Water	Type: Routine	Type: Repeat	Type: Replacement	Type: Other
																								X				X

Notes / Comments

Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company
Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company
Received for Lab by: (Signature and Printed Name)		Date	Time	Container(s) Received: BSK Bottle = 120mL Plastic Serial w/ $NA_2S_2O_3$ Other =	

Shipping Method: GLS UPS Fed Ex WALK-IN PMS Courier: _____
Packing Material: Bubble Wrap Paper Other **Condition of Sample:** Acceptable Other
Cooling Method: Wet Blue None **Chilling Process Begun:** Y / N **Custody Seal:** Y / N

Payment Received at Delivery: Check / Cash / Card
Date: PIA#: Init.

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 specified in BSK's current Standard Terms and Conditions for Laboratory Services. The person signing for the Client/Company acknowledges that they are either the Client or an authorized agent to the Client, that the Client agrees to be responsible for payment for the services on this Chain of Custody, and agrees to BSK's terms and conditions for laboratory services unless contractually bound otherwise. BSK's current terms and conditions can be found at www.bskassociates.com/BSKLabTermsConditions.pdf