

Date Collected: _____

Time Collected: _____

Collection Point: _____

Collected by: _____

FOR AGENCY USE ONLY:

Colilert P/A Method

Total Coliforms: Present

Absent

Fecal/E. Coli: Present

Absent

Sample meets state bacteriological standards: Yes No

_____ Resample requested

If No, why:

Date Analysis Begun: _____

Time Analysis Begun: _____

Date Analysis Completed: _____

Time Analysis Completed: _____

Certified By: _____

Comments: