# DAIRY TEST REQUEST FORM

**Date/Time Received:** __________________________

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**Long Beach Public Health Laboratory**  
Department of Health & Human Services  
2525 Grand Avenue, Room 260  
Long Beach, California 90815  
Tel: (562) 570-4080  
Fax: (562) 570-4070

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**PLEASE PRINT**

Name of Submitting Program / Agency: ____________________________________________  
Name of Inspector Who Collected Sample: _____________________________________________  
Date Collected: __________________________

Collection Type:  
- Initial  
- Resample - Indicate Resample Number: __________________________

<table>
<thead>
<tr>
<th>Lab No.</th>
<th>Sampling Point Information</th>
<th>Type of Product</th>
<th>Type of Sample</th>
<th>Dairy Flavor (Chocolate, Vanilla, etc.)</th>
<th>Time Collected</th>
<th>Standard Plate Count</th>
<th>Coliform Count</th>
<th>Yeast &amp; Mold Count</th>
</tr>
</thead>
</table>
| 1       | Make: _____________________  
Model: ________________  
Serial No.: ______     | Street: _____________________  
City/State/Zip: ______________________ | Dairy  
Non-Dairy  
Soft Serve  
Yogurt  
Ice Cream | | | | |
| 2       | Make: _____________________  
Model: ________________  
Serial No.: ______ | Street: _____________________  
City/State/Zip: ______________________ | Dairy  
Non-Dairy  
Soft Serve  
Yogurt  
Ice Cream | | | | |
| 3       | Make: _____________________  
Model: ________________  
Serial No.: ______ | Street: _____________________  
City/State/Zip: ______________________ | Dairy  
Non-Dairy  
Soft Serve  
Yogurt  
Ice Cream | | | | |
| 4       | Make: _____________________  
Model: ________________  
Serial No.: ______ | Street: _____________________  
City/State/Zip: ______________________ | Dairy  
Non-Dairy  
Soft Serve  
Yogurt  
Ice Cream | | | | |
| 5       | Make: _____________________  
Model: ________________  
Serial No.: ______ | Street: _____________________  
City/State/Zip: ______________________ | Dairy  
Non-Dairy  
Soft Serve  
Yogurt  
Ice Cream | | | | |

**RELINQUISHED BY** (Please Print)  
Signature: __________________  
Date: __________________  
Time: ____________

**RECEIVED BY** (Please Print)  
Signature: __________________  
Date: __________________  
Time: ____________

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**Time Set-up:** ____________  
**Temp of Control:** ____________  
**Analyst:** ____________

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**Miriam L. Lachica, M.A.**  
Laboratory Services Officer  
Certified Dairy Testing Laboratory  
by the California Department of Food and Agriculture

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Revised: 2/4/2019