WATER TEST REQUEST FORM

Date/Time Received: _____

Long Beach Public Health Laboratory
Department of Health & Human Services
2525 Grand Avenue, Room 260
Long Beach, California 90815
Ph: (562) 570-4077 Fax: (562) 570-4070

Miriam L. Lachica, M.A.
Laboratory Services Officer

CA ELAP Certificate No.: 2368
AIHA ELLAP ID No.: 102620

PLEASE PRINT

Type of Water: ☐ Potable ☐ Marine

Type of Sample: ☐ Routine ☐ Resample #_____

Test Requested: ☐ Colilert 18 ☐ Enterolert ☐ P/A ☐ Other: _____

Submitter: ☐ EH ☐ Other: _____

Sampling Point: ☐ AB411 ☐ Pump Out ☐ Mobile Food Inspection ☐ Miscellaneous

Date Collected: _____

Collected by: _____

Time Set-up: _____
Sample Temp: _____
Analyst: _____

	Lab No.	Sampling Points	Time Collected
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

RELINQUISHED BY (Please Print) Signature Date Time

RECEIVED BY (Please Print) Signature Date Time

Revised: 1/14/2019

White – Laboratory **Yellow** – Submitter