

DAIRY TEST REQUEST FORM

Date/Time Received: _____



Long Beach Public Health Laboratory
 Department of Health & Human Services
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 Long Beach, California 90815
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 Interim Laboratory Director
 Certified Dairy Testing Laboratory by the
 California Department of Food and
 Agriculture

PLEASE PRINT

Name of Submitting Program / Agency: _____

Name of Inspector Who Collected Sample: _____ Date Collected: _____

Collection Type: Initial Resample - Indicate Resample Number: _____

	Lab No.	Sampling Point Information		Type of Product	Type of Sample	Dairy Flavor (Chocolate, Vanilla, etc.)	Time Collected	Standard Plate Count	Coliform Count	Yeast & Mold Count
		Machine Info	Address							
1		Make: _____ Model: _____ Serial No.: _____	Facility Name: _____ Address: _____	<input type="checkbox"/> Dairy <input type="checkbox"/> Non-Dairy	<input type="checkbox"/> Soft Serve <input type="checkbox"/> Yogurt <input type="checkbox"/> Ice Cream					
2		Make: _____ Model: _____ Serial No.: _____	Facility Name: _____ Address: _____	<input type="checkbox"/> Dairy <input type="checkbox"/> Non-Dairy	<input type="checkbox"/> Soft Serve <input type="checkbox"/> Yogurt <input type="checkbox"/> Ice Cream					
3		Make: _____ Model: _____ Serial No.: _____	Facility Name: _____ Address: _____	<input type="checkbox"/> Dairy <input type="checkbox"/> Non-Dairy	<input type="checkbox"/> Soft Serve <input type="checkbox"/> Yogurt <input type="checkbox"/> Ice Cream					
4		Make: _____ Model: _____ Serial No.: _____	Facility Name: _____ Address: _____	<input type="checkbox"/> Dairy <input type="checkbox"/> Non-Dairy	<input type="checkbox"/> Soft Serve <input type="checkbox"/> Yogurt <input type="checkbox"/> Ice Cream					
5		Make: _____ Model: _____ Serial No.: _____	Facility Name: _____ Address: _____	<input type="checkbox"/> Dairy <input type="checkbox"/> Non-Dairy	<input type="checkbox"/> Soft Serve <input type="checkbox"/> Yogurt <input type="checkbox"/> Ice Cream					

 RELINQUISHED BY (Please Print)

Signature Date Time

 RECEIVED BY (Please Print)

Signature Date Time

Time Set-up: _____
 Temp of Control: _____
 Analyst: _____