

**DAIRY 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  
 Tel: (562) 570-4080 Fax: (562) 570-4070

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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: \_\_\_\_\_