

WATER TEST REQUEST FORM

Date/Time Received: _____



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 Department of Health & Human Services
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 Interim Laboratory Director

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 _____