



Chain of Custody for  
Total Coliform Bacteria Samples

SGS North America, Inc.  
200 West Potter Rd  
Anchorage, AK 99518  
(907) 562-2343

<b>Client:</b>	0			<b>Info Required for ADEC Submittal-</b> <i>Missing or incorrect info may result in a delay.</i>	
<b>Contact:</b>	0.00				
<b>Email:</b>	0.00				
<b>Invoice to:</b>				*PWSID #:	
<b>Phone:</b>	<b>Fax:</b>			*Facility ID:	
<b>Address:</b>				*Sample Point:	
<b>City, State, Zip:</b>				*Residual Cl- (mg/L):	
<b>Water System Name:</b>					SGS Workorder # (Lab Use Only)
<b>*Sample Location:</b>					
<b>*Date/Time of Collection:</b>					<b>Analysis Requested (Select one)</b>
	MM	DD	YYYY	HH:MM AM/PM	
<b>LIMS Profile #:</b>	0				<input type="checkbox"/> SM9223B-Total Coli P/A (Default)
<b>Sample Collector:</b>					<input type="checkbox"/> SM9223-Total Coli Quantitray MPN
	Signature Initials				<input type="checkbox"/> SM9215-HPC - 8 hour holding time for PWSIDs
Sample Type: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Salt Water (Request SM9223 Quantitray) <input type="checkbox"/> Repeat Sample - Original Lab Sample ID: _____ <input type="checkbox"/> Special Sample					
Received by: _____			Date: _____ Time: _____		
Signature Initials			MM/DD/YY HH:MM		
Temperature: <input type="checkbox"/> Ambient or ____ °C			Delivery: <input type="checkbox"/> Client o <input type="checkbox"/> Other (specify): _____		

\*Please note if the above information is missing it may result in late reporting to the state for compliance\*

<b>Sample Condition:</b>					
<input type="checkbox"/> Sample over 30 hours old, results may be unreliable. <i>Note: Source water HPC has 8 hour holding time</i>					
<input type="checkbox"/> The sample was received frozen or with visible ice, and was rejected.					
<input type="checkbox"/> The sample was not received in a laboratory issue, pre-sterilized container, and was rejected.					
<b>This section used for immediate notification of UNSATISFACTORY results only:</b>					
Analysis Began:			<input type="checkbox"/> SM9223B Presence/Absence		
Analyst:			<input type="checkbox"/> SM9223 QuantTray		
<b>Result:</b>	Total Coliform:				
	E. coli / Fecal Coli:				
	Other Bacteria:				
Reported to:			By: Fax: Phone: Email:		
Reported to:			By: Fax: Phone: Email:		
Analyst (Print):				Email Positive Total Coliform/E.coli to Project Manager, QC Notices, Micro, and Data Management. Notify ADEC if PWSID is present	
Signature:		Date/Time:			
Initials:					