



San Diego County Public Health Laboratory

Jeremy Corrigan, DrPH, HCLD/TS(ABB)
 ELAP# 1730
 5540 Overland Ave
 San Diego, CA 92123
 Ph: 858-325-6412 | Fax: 858-268-4102



LIVE WELL
 SAN DIEGO

Drinking Water Test Requisition Form

(*) DENOTES REQUIRED INFORMATION

CLIENT INFORMATION			
* CLIENT NAME:		* ADDRESS:	
* PHONE NUMBER:		* FAX NUMBER:	
* PERSON TO NOTIFY OF RESULTS:		* EMAIL ADDRESS:	
* SAMPLE INFORMATION		* TEST REQUESTED (CHECK ALL THAT APPLY)	
* SAMPLE SOURCE: <input type="checkbox"/> DRINKING WATER		<input type="checkbox"/> Enzyme Substrate Qualitative for Total Coliforms and E. coli- SM 9223 B Colilert	
* COLLECTION DATE:	* COLLECTED BY:		
* PRESERVATION: ICE <input type="checkbox"/> OTHER <input type="checkbox"/>	* BOTTLE LOT #:		
<div>LAB USE ONLY</div>			
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY	* LOCATION NAME:	TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1- 29 hrs <input type="checkbox"/> > 29 hrs	
	* LOCATION ID:	TEMP ON ARRIVAL: TEMP ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	* COLLECTION TIME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
	* CHLORINE RESIDUAL (mg/L):	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER SAMPLE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSAT FORM COMPLETED	
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COMMENTS:		IR THERMOMETER	
		INV ID:	
* RELINQUISHED BY:		* SIGNATURE:	
* RECEIVED BY:		* SIGNATURE:	
* DATE/ TIME:			