



Fresno 687 N. Laverne Ave., Fresno, CA 93727  
(559) 497-2888 CA ELAP No. 1180

Sacramento 3140 Gold Camp Drive Suite 160, Rancho Cordova, CA 95670  
(916) 853-9293 CA ELAP No. 1180-S1

www.bskassociates.com

# MICROBIOLOGY CHAIN OF CUSTODY

\*Required Fields

Temp: °C Thermometer ID:

<b>Company/Client Name*:</b> <b>Community Alliance with Family Farmers (CAFF)</b>	<b>Report Attention*:</b> Additional cc's:	<b>Invoice To*:</b> PO#:	<b>Phone*:</b> <b>Fax*:</b> <b>E-mail*:</b>
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<b>Address*:</b>	<b>City*:</b>	<b>State*:</b>	<b>Zip*:</b>	<b>Reporting Options</b> <input type="checkbox"/> SWAMP <input type="checkbox"/> EDD Type: _____ <input type="checkbox"/> WaterTrax ID#: _____
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Project:	Project #:	<b>Copies to:</b> <input type="checkbox"/> Fresno Co. <input type="checkbox"/> SWRCB <input type="checkbox"/> Tulare Co. <input type="checkbox"/> Merced Co. <input type="checkbox"/> Sac Co. <input type="checkbox"/> Other: _____
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<b>Sampler Name (Printed / Signature)*:</b>	<b>Regulatory Sample*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>TAT*:</b> <input type="checkbox"/> Standard - 10 Business Days <input type="checkbox"/> Rush (Surcharge) Date Needed _____
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All drinking water bacteria samples will have verbal results available the morning of the second day. A written report will be provided in 7-10 business days. Other reporting arrangements can be made for an additional fee. All samples submitted for compliance with the total coliform rule must include a phone number to a live person, no answering machines or services.

<b>IF SAMPLE IS COLIFORM POSITIVE CONTACT*</b>	
Name:	
1st Phone:	2nd Phone:

#	Sample Description*	Sampled*		PA	1X10	3X5	Fecal Solids	HPC	Colliert (1 X 10)	Quantitray	Field Notes		Source					Type						
		Date	Time								Cl2 Res	Turbidity	DW	WW	Solid	Surface Wtr	Ag Water	Routine	Repeat	Replacement	Other			

Notes / Comments

Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company
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Relinquished by: (Signature and Printed Name)	Company	Date	Time	Received by: (Signature and Printed Name)	Company
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Received for Lab by: (Signature and Printed Name)	Date	Time	Container(s) Received: BSK Bottle = 120mL Plastic Serial w/ NA <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Other =
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<b>Shipping Method:</b> GLS    UPS    Fed Ex    WALK-IN    PMS    Courier: _____ <b>Packing Material:</b> Bubble Wrap    Paper    Other <b>Condition of Sample:</b> Acceptable    Other <b>Cooling Method:</b> Wet    Blue    None <b>Chilling Process Begun:</b> Y / N <b>Custody Seal:</b> Y / N	<b>Payment Received at Delivery:</b> Check    /    Cash    /    Card Date: _____    PIA#: _____    Init. _____
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Payment for services rendered as noted herein are due in full within 30 days from the date invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service charges and interest specified in BSK's current Standard Terms and Conditions for Laboratory Services. The person signing for the Client/Company acknowledges that they are either the Client or an authorized agent to the Client, that the Client agrees to be responsible for payment for the services on this Chain of Custody, and agrees to BSK's terms and conditions for laboratory services unless contractually bound otherwise. BSK's current terms and conditions can be found at www.bskassociates.com/BSKLabTermsConditions.pdf