

Drinking Water Bacteriological Sample Chain of Custody Form

System Name

PWSID Number

Sample Location

Date Collected

Time Collected

Collected By

Sample Type

Sample ID

Transit Temperature (°C)

Parameter	Test Requested
Total Coliform/E. coli (Presence/Absence)	
Heterotrophic Plate Count (HPC)	
Other	

Relinquished By (Printed Name)

Signature

Date/Time

Received By (Printed Name)

Signature

Date/Time

Date/Time of Delivery to Laboratory	
Laboratory Sample ID	
Laboratory Comments	