

IG MicroMed Environmental, Inc.

Field WS.
Water Microbiology

Water Sample Field Sheet

Company Name: _____ **Total Number of Samples:** _____
Contact Name: _____ **Type of Samples:** _____
Mailing Address: _____ **Date Sampled:** _____

Name of Sampler: _____
Postal Code: _____ **Tests Requested:** HPC
Phone No.: _____ (circle) Total Coliform
Fax No.: _____ Faecal Coliform
E.coli Other _____

Sample ID.	Sample Location/Description	*Time Sampled	Temp (°C)	Drinking Water (✓)	Non-Drinking Water (✓)

Signature of Sampler: _____ Temperature of Samples on receipt: _____
Samples Received at IG MicroMed by: _____ Date of receipt: _____
Time of receipt: _____

***Please ensure that 'TIME SAMPLED' is recorded as there is a 30 hour time limit (from time of sampling to time of analysis) for obtaining valid results.**
****Refer to Water Sampling Instructions for proper sampling technique.**