Foundation
Analytical

Laboratory, INC

Individual Bacterial Analysis Report Form

I A I IIII PWS ID Public Water Supply Name									3 9 6 IA Lab #
9 5 0 Facility ID (us	9 5 0 Sample Routine (RT) Facility ID (use 950 for 1 st or only Distribution system) Type (check one) Repeat (RP) (Check one)				Free Chlorine (mg/L)			Tot	al Chlorine <i>(mg/L)</i>
9 5 0 Sampling Po	Dint ID (defaulted to	Facility ID)			Mon		Day Collection Date	Year Sa	Hour Minute mple Collection Time (24 hr)
Sample Point Description (text description of the location this sample was collected) Sample Collector (Last Name, First Name)								N	
Month Sample Rec	Day eived Date	Year	Received Time	(24 hr)		By:		ooratory Samp	le Number
Contaminant ID	Test	Method Code	Start of An Month-Day-Year			Result leck one)	1		st be received by r than 30 hours
3100	Total Coliform	Colilert - PA				Present Absent			collection.
3014	E. coli	Colilert - PA				Present Absent	Count (If Present)	Count Type	Units
3001	HPC	Simplate				Absent (<1 cfu/mL)		cfu	mL