



Ventura County Public Health Laboratory
 2240 E. Gonzales, Suite #160
 Oxnard, CA 93036
 Phone 805-981-5131/ Fax 805-981-5130
 ELAP #1910

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM- WATER QUALITY ASSESSMENT

Client Information	
Company Name	
Street Address	
City/State/Zip	
Person to Notify	
Phone#	Fax#
Sample Information	
Sample Name/Location	Date of Collection
	Time of Collection
Water Source	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Wastewater <input type="checkbox"/> Source/Ocean Water
Testing Requested	<input type="checkbox"/> Presence/Absence Coliforms <input type="checkbox"/> Multiple Tube Fermentation (circle one: 20 or 25 tube) <input type="checkbox"/> Quanti-tray Coliforms 18 hour <input type="checkbox"/> Quanti-tray Coliforms 24 hour <input type="checkbox"/> Quanti-tray Enterococcus
For Lab Use Only	
Date Received	
Time Received	
Temperature upon arrival	
Received By	
Condition of Sample <input type="checkbox"/> Good <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked <input type="checkbox"/> Discolored <input type="checkbox"/> Sediment <input type="checkbox"/> Residue <input type="checkbox"/> Overfill <input type="checkbox"/> Other: please describe _____	
Calculated Transit Time	<input type="checkbox"/> <6 hours <input type="checkbox"/> <24 hours <input type="checkbox"/> >24 hours
Sample Acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No