



**CNMI BUREAU OF ENVIRONMENTAL & COASTAL QUALITY
DIVISION OF ENVIRONMENTAL QUALITY
ENVIRONMENTAL SURVEILLANCE LABORATORY
BACTERIOLOGICAL QUALITY REPORT**



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16575

SAMPLE LOCATION ID#
PWS ID#

Balance Due _____

Amt. Paid _____

Receipt # _____

Date _____ Initial _____

Company Name _____ Tel # _____

Sample Location _____ Fax # _____

Sampler _____ Collection Date _____ Time _____ AM:PM

Free / Total Chlorine _____ mg/l Transporter _____

Check one:

ROUTINE

REPEAT

SPECIAL

Complete this box only if "repeat" is checked in box at left.

Repeat for Sample # _____

Circle one: Original Upstream Downstream Elsewhere

REPLACEMENT for Sample # _____

Collection Remarks _____

-----DO NOT WRITE BELOW THIS LINE-----FOR LABORATORY USE ONLY-----

Received by _____ Time Received _____

Date Received _____ Temperature _____ °C

<input type="checkbox"/> Presence / Absence / 100 mL <input type="checkbox"/> Colilert -18 <input type="checkbox"/> Colisure Date Analyzed _____ Time Analyzed _____ Analyst _____ Laboratory Comments: _____	<input type="checkbox"/> MPN / 100 mL Lot: _____ Lot: _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Coliform</th> <th colspan="2">Fecal Coliform/<i>E. Coli</i></th> </tr> <tr> <th>Absent</th> <th>Present</th> <th>Absent</th> <th>Present</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Read Out Date _____</p> <p>Read Out Time _____</p>	Total Coliform		Fecal Coliform/ <i>E. Coli</i>		Absent	Present	Absent	Present				
Total Coliform		Fecal Coliform/ <i>E. Coli</i>												
Absent	Present	Absent	Present											

<p align="center">RESULTS OF ANALYSIS</p> <p><input type="checkbox"/> Bacteriologically safe at time of sampling.</p> <p><input type="checkbox"/> Total coliform bacteria present at time of sampling.</p> <p><input type="checkbox"/> Fecal coliform or <i>E. coli</i> bacteria present at time of sampling.</p> <p><input type="checkbox"/> Collect repeat samples within 24 hours and increase the number of samples you collect next month, per your coliform monitoring plan.</p> <p><input type="checkbox"/> Sample rejected/invalid due to _____ (see reverse). Collect replacement sample.</p> <p><input type="checkbox"/> Suspected sample tampering or data falsification.</p>	<p>Laboratory Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reviewed by: _____</p>
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