



**San Joaquin County Public Health Laboratory**  
 1601 E. Hazelton Avenue  
 Stockton, CA 95205  
 ELAP # 1892  
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 Laboratory Director  
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LABORATORY USE ONLY	
LABORATORY NUMBER	DATE RECEIVED

**Submitter Information**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ FAX: \_\_\_\_\_

Collected By: \_\_\_\_\_

Free Chlorine: \_\_\_\_\_  Total Chlorine: \_\_\_\_\_  N/A

Note: Enter Chlorine value in box. Report Chlorine level as "N/A" when not provided.

**Sample Location Information**

Sample Location: \_\_\_\_\_

Sample Point: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sample Identification Number: \_\_\_\_\_

Date Specimen Taken: \_\_\_\_\_ Time \_\_\_\_\_

**WATER TYPE INFORMATION**

Potable Water       Potable Water, Private       Public

Routine       Duplicate Specimen for Compliance       Source       Other

**TEST(S) REQUESTED**

Total Coliform/E. coli Qualitative (Colilert)

**FOR LABORATORY USE ONLY**

Set Up Initials: \_\_\_\_\_ Date/Time Started: \_\_\_\_\_

Reporting Initials: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

**WATER TESTING RESULTS**

Total Coliform Absent (Colilert)

Total Coliform Present (Colilert)\*

E. coli Absent (Colilert)

E. coli Present (Colilert)\*

Water temperature (Batch) upon receipt (°C) : \_\_\_\_\_

I attest that all testing has been documented on the appropriate QC logs, using controls, kits, reagents, and equipment that have met the San Joaquin County Public Health Laboratory Quality Control requirements. Analyst Initials:

Office Staff Initial/Date: _____	Supervisor/ Senior Initial/Date: _____
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Updated 8/01/2024 SS

\* Positive results require immediate notification to submitter

\*\* Batch is defined as: Any group of water samples received at the same time and transported under the same conditions.