

## BACTERIOLOGICAL SAMPLING PROCEDURES

**IMPORTANT** - READ ALL INSTRUCTIONS AND FILL OUT THE **CHAIN OF CUSTODY** FORM ON REVERSE SIDE BEFORE TAKING THE SAMPLE. **IMPROPER SAMPLING** MAY RESULT IN YOUR SAMPLE BEING **REJECTED**.

### **BACTERIOLOGICAL SAMPLING PROCEDURES:**

Ensure that the seal around the white cap is intact. If the seal is broken, DO NOT USE. Please contact the lab for another bottle.

Use only pre-sterilized and chemically treated bottles provided by the lab. This bottle is for bacteria testing only. The white powder inside the bottle is critical to the test. **Do not rinse the bottle. Do not touch the neck of the bottle or the inside of the cap.**

Sampling from a Tap: Take the sample from a tap that does not have any aerator, strainer, hose attachment, mixing-type faucet, purification device, hose or back flow valve.

Turn the water on and let it run for at least 2-3 minutes, before sampling. Adjust the flow to create a pencil thin stream, then fill the bottle to the 100 mL line. Make sure the level of water is **above the 100 mL** fill line and **below the 120 mL** full line. When sampling from a well, allow water to run 5-10 minutes or until the temperature is stable.

Sampling Surface Water: Keep hands/dip pole downstream from mouth of the sample bottle when sampling moving water. Take sample from approximately 12 inches below the surface where possible, and collect sample by immersing the capped bottle below the surface in a horizontal position, remove cap to fill, and recap while the sample bottle is below the surface. Plunging an uncapped bottle under the surface while held mouth down at a 45° angle, followed by smoothly sweeping the bottle up to the surface is acceptable when removing the cap under water is not possible. Try to maintain an air bubble in the bottle while filling, but immediately pour out some sample if needed to achieve the proper sample volume (see above).

**NOTE:** Please call the lab to inquire about hours during holidays and holiday weekends. Bacteriological samples brought in the Friday of a holiday weekend will **not** be accepted.

SAMPLES SHOULD BE KEPT REFRIGERATED OR ON ICE UNTIL RECEIVED IN THE LAB.  
**DO NOT FREEZE.**

Complete the **Chain of Custody** form, in ink, on the reverse side of these instructions. All sample information **MUST** be **complete** or samples will be rejected. Label the sample bottle with a unique identifier that links the container to the Chain of Custody.

Return the sample and completed **Chain of Custody** form, with payment, within 24 hours after taking the sample. The samples **MUST** be received in the lab within 24 hours after collection.

### **SAMPLE WILL BE REJECTED IF:**

1. Over hold time
2. The bottle is over or under filled.
3. The bottle is cracked or leaking.
4. All sample information is not provided.

# UMPQUA Research Company

ORELAP ID# OR100031

Chain of Custody – Microbiology Enumeration

## SAMPLE INFORMATION:

Project Name: _____	
Sample Location: _____	Sample Point: _____
Facility ID/Permit #: _____	DEQ File #: _____
Sample Collection Date/Time _____	AM PM Collected By: _____
MM/DD/YY	Hour/Min Circle One
Sample Matrix: <input type="checkbox"/> Aqueous <input type="checkbox"/> Drinking Water <input type="checkbox"/> Other	Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TESTS REQUIRED</b>	
<input type="checkbox"/> Total Coliforms	<input type="checkbox"/> Fecal Coliforms <input type="checkbox"/> E. coli

## CLIENT INFORMATION:

Customer Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
E-Mail: _____		
<b>Report Delivery:</b> <input type="checkbox"/> E-Mail <input type="checkbox"/> USPS <input type="checkbox"/> Fax (\$5.00/Copy)		

## LAB USE ONLY:

Temp. Gun: Q-2074 \_\_\_\_\_ °C

<input type="checkbox"/> Collected in accordance with F-416 (Side 1) – Sample acceptance criteria met.
<input type="checkbox"/> Reason for invalidation: _____
Received: Date/Time/Initials: _____ Lab Sample ID: _____
Comments: