

CUSTOMER INFORMATION		BILLING INFORMATION	
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Email:		Email:	
Contact Rep:		Contact Rep:	

MICROBIOLOGICAL TESTS OFFERED

Food & Water, Environmental Swabs

1	Aerobic plate count	FDA BAM Ch.3; AOAC 990.12, 986.33, 989.10	8	Listeria spp.	AOAC 2016.07, 2016.08
2	Legionella	ISO 11731	9	Environmental Listeria	AOAC PTM 030601
3	Total Coliform/E. coli	AOAC 991.14, 998.08; SM 9223B	10	Staphylococcus aureus	AOAC 2003.07, 2003.08, 2003.11
4	E. coli O157:H7	AOAC 2000.14	11	Heterotrophic plate count	AOAC 990.12, 986.33, 989.10; SM 9215 B
5	Coliforms in dairy/ice cream	AOAC 989.10	12	Salmonella spp.	AOAC 2016.01
6	Enterobacteriaceae	AOAC 2003.01	13	Yeast and mold	FDA BAM Ch. 18, AOAC 997.02
7	Lactic acid bacteria	AOAC PTM 041701	14	*Yeast and mold rush	AOAC 2014.05

*Test is not ISO/IEC 17025:2017 Accredited

Details of Analysis: In-house / Subcontracting

SAMPLING DETAILS

Name/Signature	Date	Time
Customer rep:		
Collected by:		
Released by:		
Received by:		

Sampling Method: APHA 9060A 24th Ed. 2023 CMMEF 5th Ed.2015 Chap: 2.0 / Chap: 3.0

FIELD ANALYSIS

SL No	Sample Name	Sample Description	Sampling Point	Source of Sample	Test #'s Required	Qty	Sample Package	Production Date	Expiry Date	Chlorine Residual		Receipt Temp °C
										Free	Total	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

FIELD ANALYSIS (WATER)

Sample identification: _____	Water Treatment System: Yes ___ No ___ Type: _____
Sample site: _____	Vermin Proof Cap: Yes ___ No ___
Well information: Drilled ___ Hand Dug ___ Cistern ___	Tag #: _____

Note: Retention period of samples.

Swabs: No retention period

Water & Chilled foods: Kept in chilled condition for 1 week

Legionella water samples: 15 days

Frozen Foods: Kept in frozen condition for 1 week

Dry foods: Kept in ambient temperature for 1 week

