



Dairy and Food Inspection, Ph: 651-201-6027, Fx: 651-201-6116

## Farm Water Sample Result Record

PLANT NAME:	PLANT NUMBER:	SUBMITTED BY (SIGNATURE):
ANALYZING LAB NAME:		LAB NUMBER:

* USE A SEPARATE FORM FOR EACH BATCH	BATCH INFO	DATE	TIME	TEMP	BY (INITIALS)
	RECEIVED				
	ANALYZED				

TEST PERFORMED:  COLILERT  COLISURE  E\* COLITE  MPN TEST  OTHER \_\_\_\_\_

SAMPLE NO.	PATRON NAME	WELL ID	PATRON NO.	SAMPLE DATE	SAMPLE TIME	TEST RESULT	P A S S	F A I L
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
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