See reverse for Sampling and Submission Instructions

Shellfish Bacteriology Water Quality Survey

Shellfish Grower Company Name:



						•						
	Collector:							Phone:				
	Address:											
						Address:						
				City, S	tate, Post	al Code:						
Date:									Page:		of	
Area:				- Mo	onitoring F	Program: RE-	YSTEM Monitoring	Monitoring Agency: State Other				
Tide Loc				-								
				_								
				L	_ow Tide:	Time:	Height:	Date & Time Rcvd:				
				Н	ligh Tide:	Time:	Height:					
						Su	barea/Station		Total			Rept
Sam	Sta	Time	Tide	SWT	SS		tion/Remarks/BIDN	Lab ID #	Coli	Fcoli	Init	Date
тс						Temperature Co	ntrol Bottle (1 per box required)					
						·	, , , , , ,					
					 				1			
					-				 			-

*Sample(s) will not be examined if received over 30 hours old or if Temperature Control bottle is over 10°C.

Edited by: _____ Proofed by: _____

HOW TO SUBMIT A RECIRCULATING WATER SYSTEM SAMPLE:							
1	Collect the water sample(s).						
2	Collect one temperature control sample for each package submitted. (I.e.: If three samples are submitted in the same package, only one temperature control bottle is required for the laboratory to verify the holding temperature of the entire package.)						
3	Complete a Shellfish Bacteriology Water Quality Survey form for each set of samples submitted.						
4	Package samples with adequate ice pack or bagged ice and packing material (i.e.: Newspaper or bubble wrap) to ensure the samples remain between 0-10°C and are protected from breakage during shipment.						
5	Ship or hand deliver the package using overnight delivery or same day delivery via UPS, or FedEx. We recommend that sample(s) are submitted to be received before 12:00 noon.						
PLEASE	NOTE:						
*	Samples will not be examined if received over 30 hours old or if the Temperature Control is over 10°C.						
**	Samples are accepted Monday through Wednesday from 8:00am to 4:00pm.						
***	Samples are accepted until 1:00pm on Thursday.						
***	It is not recommended to submit samples on Fridays.						

Edited by:_____Proofed by:____

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.