

MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

CLIENT/BILLING INFORMATION

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____

Ohio EPA
[P] (330) 963-1200 | (330) 963-4760 [F]

Private / Residential

ANALYTICAL INFORMATION

Lab Sample Number: _____
Reporting/Analytical Lab: Biosolutions, LLC
Reporting/Analytical Lab Certification No: 849
Lab Receipt Date: _____
Analysis: ☐ Accepted ☐ Rejected
Sample Rejection Reason
☐ Invalid Sampling Point ☐ Broken
☐ Exceeds Holding Time ☐ Chlorine Present
☐ Excessive Head Space ☐ Frozen Sample
☐ Insufficient Volume ☐ Leaked in Transit
☐ Invalid Sampling Protocol ☐ Lab Accident
☐ Insufficient Sample Information

SAMPLE INFORMATION

Bottle No: _____ MPN Requested
Collection Date: _____ Time: _____
Collected By: _____
Collector's Phone: _____
Sample Tap: _____
Address: _____
Address: _____
County: _____
Chlorine Residual: Free: _____ mg/L
Not Applicable Total: _____ mg/L

ANALYSIS RESULTS

Method Used: ☐ COLILERT ☐ COLISURE
☐ Positive/Negative ☐ Most Probable Number
Analyst: ☐ 1254 - MW ☐ 1257 - JD ☐ 2807 - AM
☐ 5809 - KL ☐ Other: _____
Start Date: _____ Start Time: _____
End Date: _____ End Time: _____

PUBLIC WATER SYSTEM INFORMATION

PWS ID: OH _____
PWS Name: _____
Facility Code: _____
Sample Monitoring Point: _____
Sample Type:
Routine (Compliance)
Special (Not for Compliance)
Repeat* (confirm positive sample compliance)
Original Site Near 1st Connection
Downstream Upstream
Triggered* (compliance)
Confirmation* (compliance)
*Original Positive Sample Number: _____

Analyte	Absent/ Negative	Present/ Positive	MPN / 100mL
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Coli (3013)	<input type="checkbox"/>	<input type="checkbox"/>	_____

DATA QUALITY REJECTION REASONS

☐ Instrument Failure ☐ Requester Cancelled
☐ Water System Request ☐ Lab not certified
☐ Other (See Comments) ☐ Lab Error

COMMENTS