

REPORT PREPARED FOR: _____

PROJECT# _____
 LAB ID _____
 RECEIVED DATE _____
 REPORT DATE _____



SAMPLE NAME: _____

SAMPLE BATCH: _____

MICROBIALS

PASS

	ACTION LEVEL (CFU/G)	SAMPLE LEVEL (CFU/G)
Total Coliform		
E. Coli	Presence	
Yeast & Mold		
Enterobacteriaceae		
Salmonella	Presence	
Total Count		

Prepared By: _____

Date Prepared: _____

Analyzed By: _____

Analysis Date: _____

Analyzed by COMPACTDRY method.

ND = Not detected

CFU/G = Colony forming units per gram



APPROVED BY:
JUSTIN HALL
 LAB DIRECTOR

SIGNATURE

SIGNED ON