UTAH DEPARTMENT OF HEALTH

Utah Public Health
Chemical and Environmental Laboratory

4431 S 2700 W Taylorsville, UT 84129-8600

801 965 2400 Fax 801 969 3238

http://health.utah.gov/lab/chemistry

☐ **RUSH SAMPLES**

AUTHORIZED BY

○ State Drinking Water Compliance Samples
○ Private Investigative Samples

Date and Time Stamp

Please fill out this form using block letters and with a black or blue pen.
Do not attach this form to the sample.

System/Agency Name | Customer Number | Public Water System: U T A H | Cost/Project Code

Sample Matrix
○ Drinking Water
○ Other Water
○ Soil/Sludge

Sample Receipt Conditions

Documentation complete ○ Yes ○ No
Proper containers and in-date ○ Yes ○ No
Containers intact ○ Yes ○ No
Within holding time ○ Yes ○ No
Coolant ○ Yes ○ No
Temperature within-range ○ Yes ○ No ○ N/A
Acceptable pH ○ Yes ○ No ○ N/A
Acceptable mrem ○ Yes ○ No ○ N/A

○ Hand Delivered
○ Shipped Samples

REPORTING/CONTACT

First Name | Last Name | Email

Address | City | State | Zip

Phone | Fax | Submitted By

☐ New Information Update Account

BILLING ☐ **SAME AS REPORTING**

First Name | Last Name

Address | City | State | Zip

Phone | Fax | Submitted By

Test Requests

☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5
☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5
☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5

LAB USE SECTION

#1 **Facility ID** | **Sampling Point ID** | Collector's Comments | Collector's Initials | Chlorine Residual ppm | Bottle | Qty | Temperature | pH | LAB NUMBER

Collection Point Description | Collection Date 2 0 | Collection Time

#2 **Facility ID** | **Sampling Point ID** | Collector's Comments | Collector's Initials | Chlorine Residual ppm | Bottle | Qty | Temperature | pH | LAB NUMBER

Collection Point Description | Collection Date 2 0 | Collection Time

#3 **Facility ID** | **Sampling Point ID** | Collector's Comments | Collector's Initials | Chlorine Residual ppm | Bottle | Qty | Temperature | pH | LAB NUMBER

Collection Point Description | Collection Date 2 0 | Collection Time

#4 **Facility ID** | **Sampling Point ID** | Collector's Comments | Collector's Initials | Chlorine Residual ppm | Bottle | Qty | Temperature | pH | LAB NUMBER

Collection Point Description | Collection Date 2 0 | Collection Time

#5 **Facility ID** | **Sampling Point ID** | Collector's Comments | Collector's Initials | Chlorine Residual ppm | Bottle | Qty | Temperature | pH | LAB NUMBER

Collection Point Description | Collection Date 2 0 | Collection Time

M M D D Y Y 24 Hour Clock