E. coli Sample Summary Sheet

Sampling Information:

Agency: _____ Trip Id: _____

Project Code: _____ Method: ☐ 24 hr ☐ 18 hr

INCUBATED	**READ**	**Supplies**
Date IN:	Date OUT:	Bottle Exp Date:
Time IN:	Time OUT:	Tray Exp Date:
Temp IN (°C):	Temp OUT (°C):	Reagent Exp Date:

MLID	Date Sampled	Time Sampled	Total Coliform		E. coli		Dilution	E. coli MPN	Comment
			# LRG	# SML	# LRG	# SML			