



15768 Hamilton Pool Road • Austin, Texas 78738
 800-AIR-1024 ext 4 or 512-263-0000 ext 4
 E-mail: ServiceTeam@AirCheckLab.com

1 Contact Information - review and correct if necessary

Customer ID: _____ Customer Name: _____ Country: _____
 Primary Contact: _____ E-mail: _____ Phone: _____ Fax: _____
If an additional contact needs to receive a copy of this report, please have your Primary Contact call Trace Analytics at 800-247-1024 or email ServiceTeam@AirCheckLab.com

2 Instructions to Laboratory

PROJECT or CLIENT NAME: _____ PO Number: _____
 Send A Reminder To Sample Again: Annual Monthly Quarterly Semi-Annual Other
 RUSH REQUESTED, \$150 extra, Initial Here: By initialing, I understand that I am authorizing RUSH Reporting following 10-Day Analysis for an add'l \$150 per report. CALL CUSTOMER SERVICE @ 800-247-1024, Ext. 3 TO SCHEDULE.

3 Sampling Equipment	4 Sampling Media
Sampler Type: <input type="checkbox"/> Pinocchio (KPSII) <input type="checkbox"/> Other: _____	Plate Lot No: _____
Sampler Serial No: _____	Plate Expiration Date: _____
Flowmeter Serial No: _____ Calibration Date: _____ Calibration Due: _____	

5 Sample Types

ANALYSIS TYPES <i>Analysis type must be chosen for each sample</i>	INDICATOR ORGANISM IDENTIFICATION <i>Add-on available for PRO package only</i>
<input checked="" type="radio"/> B Basic - Total Plate Count (TPC) * ALL BLINDS ARE BASIC	L - Listeria EC - E. coli C - Coliforms CA - Candida SS - Salmonella / Shigella <i>To add organism identification, contact Customer Service @ 800-247-1024 ext. 3</i>
<input checked="" type="radio"/> V Value - TPC + 2 Gram Stains	
<input checked="" type="radio"/> P Pro - TPC + Gram stain	
Microbial Analyses Ordered: Basic: _____ Value: _____ Pro: _____ Sterility: _____ Blind: _____ <i>To order more analyses, contact Customer Service @ 800-247-1024, Ext. 3</i>	

6 Sample Information

ID	Collection Date	Sample Description / Location	Analysis Type (B, V, P)	Gas Type (Air, N2, O2, etc.)	Flow Rate (LPM)	Sample Time (min.)
0		Sterility Blank (Required per ISO 8573-7)	<input checked="" type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P	N/A	N/A	N/A
1			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
2			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
3			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
4			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
5			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
6			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			

Technician Acknowledgement

Submittal of this microbiological sample authorizes Trace Analytics, LLC to provide services. If purchase order number is required by your company, please provide with sample. I attest that all information provided on this chain of custody is truthful and accurate to the best of my knowledge.

 TECHNICIAN SIGNATURE PRINTED NAME

 TECHNICIAN CONTACT PHONE NUMBER MONTH DAY YEAR

PLEASE NOTE - MICROBIOLOGICAL SAMPLE INFORMATION For Trace Use Only:

• Samples will be held for 7 calendar days after report date.
 • Ship samples in included box when returning the microbial sampler.

Receiving I.D. _____ Receiver's Initials _____

ID	Collection Date	Sample Description / Location	Analysis Type (B, V, P)	Gas Type (Air, N2, O2, etc.)	Flow Rate (LPM)	Sample Time (min.)
7			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
8			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
9			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
10			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
11			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
12			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
13			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
14			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
15			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
16			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
17			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
18			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
19			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
20			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
21			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
22			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
23			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			
24			<input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> P			
			Indicator Add On? (Pro Pkg Only) <input type="checkbox"/> L <input type="checkbox"/> EC <input type="checkbox"/> C <input type="checkbox"/> CA <input type="checkbox"/> SS			

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 TECHNICIAN SIGNATURE

 PRINTED NAME

[][] + [][] + [][][][]
 TECHNICIAN CONTACT PHONE NUMBER

[][] + [][] + [][][]
 MONTH DAY YEAR

PLEASE NOTE - SHELF LIFE INFORMATION For Trace Use Only:

- Samples will be held for 7 calendar days after report date.
- Ship samples in included box when returning the microbial sampler.

Receiver's Initials