



Bureau of Environmental Services
 201 Monroe Street, RSA Tower, Suite 1250
 Montgomery, Alabama 36104

FOOD/WATER SAMPLE SUBMISSION FORM AND CHAIN OF CUSTODY

Reason For Test, Circle: Surveillance Compliance Investigational Regulatory

Tests Requested: _____

Method: _____
 Name and Address where sample was collected

NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 ADPH PERMIT NUMBER: _____
 Contact Person: _____

Phone Numbers: _____ Date collected: _____

Condition upon collection: Frozen Semi-Frozen Solid Liquid Other

Detailed sample handling: Dry Ice Wet Ice Unrefrigerated

COMMENTS including Lot sampled, Lot Size _____
 Collector Information

Name: _____

Alabama Department of Public Health
 201 Monroe Street, RSA Tower, Suite 1250,
 Montgomery, Alabama 36104

Detailed sample handling: _____

Method of collection: _____

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			



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Where collected _____ Permit Number _____
 Include product description and sample size

Public Health Environmentalist		Sample Description Tag #	For Lab Use Only	
			Lab#	Temp
1	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
5	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
6	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
8	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
9	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
10	Date collected:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		