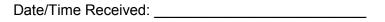
DAIRY TEST REQUEST FORM





Long Beach Public Health Laboratory Department of Health & Human Services 2525 Grand Avenue, Room 260 Long Beach, California 90815

Tel: (562) 570-4080 Fax: (562) 570-4070

Lydia Mikhail, DrPH, HCLD, MBA, MEL Interim Laboratory Director Certified Dairy Testing Laboratory by the California Department of Food and Agriculture

PLEASE PRINT											
Name of Submitting Program / Agency:											
			mple:		Date Collected:						
Collection Type: Initial Resample - Indicate Resample Number:											
	Lab No.	Sampling Point Information		Type of	Type of	Dairy Flavor (Chocolate,	rinie	Standard Plate	Coliform	Yeast & Mold	
		Machine Info	Address	Product	Sample	Vanilla, etc.)	Collected	Count	Count	Count	
1		Make:	Faciltiy Name:	☐ Dairy☐ Non-Dairy	☐ Soft Serve						
		Model:	Addess:		☐ Yogurt						
		Serial No.:			☐ Ice Cream						
2		Make:	Facility Name:	☐ Dairy	☐ Soft Serve						
		Model:	Address:	☐ Non-Dairy	☐ Yogurt						
		Serial No.:			☐ Ice Cream						
		Make:	_ Facility Name: _	☐ Dairy	☐ Soft Serve						
3		Model:	Address:	☐ Non-Dairy	☐ Yogurt						
		Serial No.:	-		☐ Ice Cream						
4		Make:	Facility Name:	☐ Dairy ☐ Non-Dairy	☐ Soft Serve						
		Model:			☐ Yogurt						
		Serial No.:	-		☐ Ice Cream						
5		Make:	Facility Name:	☐ Dairy	☐ Soft Serve						
		Model:		☐ Non-Dairy	☐ Yogurt						
		Serial No.:	-		☐ Ice Cream						
	Time a Oath was										
F	RELINQUISHED	BY (Please Print)	Date Time			Time Set-up:					
					1		Analyst:				
F	RECEIVED BY	(Please Print)	Signature		Date	Time					