



Waters Agricultural Labs, Inc.
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Microbiological Information Sheet

Charge To:	Address	City	State	Zip Code	Phone Number
Grower Name:	Address	City	State	Zip Code	Fax Number
Results reported via: Mail Email Fax (Please circle one of the above options)	Email Address		Sampling Date & Time		Date & Time Received
Please Check the Desired Analysis Below					

Lab No.	Sample ID	Sample Description	Aerobic Plate Count	Coliform Plate Count	E. Coli Plate Count	Enterobacteriaceae Plate Count	Staphylococcus a. Plate Count	Yeast Plate Count	Mold Plate Count	Total Coliform (mpn/100ml)	Generic E. coli (mpn/100ml)	Fecal Coliform (mpn/100 mL)	E. coli O157:H7	Salmonella spp.	Listeria spp.	Listeria Monocytogenes

Relinquished By	Date	Time	Accepted By	Date	Time	Remarks:

Samples must be collected in a sterile container and returned to laboratory within 24 hours of sampling.
 Please contact the laboratory for sampling supplies and sampling procedures.
 All microbiological analyses are performed using AOAC or EPA approved methods.

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