



Appendix F

Quarterly Quality Assurance Report for Microbiological Laboratories

Name of Laboratory: _____

Quarter _____ Year _____ Lab # _____

Month				Totals for Quarter
Number of TC sample results reported				
Number of TC samples rejected				
Number of laboratory errors				
Number of Total Coliform and E coli positive routine samples				
Percent of results reported within 10 days of analysis				

Laboratory official signature: _____ Date: _____

Reason for Rejected Samples put a number on the line to left of the reason. If zero leave blank.

____ frozen sample

____ out of temperature

____ broken container

____ other: _____