



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: _____



Appendix F

Quarterly Quality Assurance Report for Chemical Laboratories

Name of Laboratory: _____

Quarter _____ Year _____ Lab # _____

Month				Totals for Quarter
Number of sample results reported				
Number of samples rejected				
Number of laboratory errors				
Percent of results reported within 10 days of analysis				
Percent of results reported within 30 days of analysis				
Percent of results reported within 60 days of analysis				
Percent of results reported within 90 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

____ wrong preservative

____ other: _____