



*vPCR Molecular Testing. Reports in CFU/mL the following analytes: Legionella pneumophila SG1 & Legionella pneumophila SG2-15



Chain of Custody Record

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Environmental Safety Technologies, Inc.																								
Company Nan	ne: Metro Hos	Job Site / Your Client: New Patient Tower											Page1 of1											
Company Add	ress: 1234 Hos	Job Site Address: 1234 Hospital Drive										Sampled By: G. Young												
Company City	Job Site City, State, Zip: A	ob Site City, State, Zip: Anytown, USA										Sample Date: 08-24-22												
Phone:		Email:	Email:										Purchase Order Number: 56789											
EST Batch Number: & Login Initials EST bottles + Sodium thiosulfate Customer bottles Samples shipped on ice packs Transit Delay or other issue; See					Legionella Testing Bacteria Test							estin	ting Microbial Corrosion (MIC) Testing											
EST USE ONLY	FOR EACH SUBMITTED SAMPLE: • Assign a unique sample number and write this number on the bottle/swab. • Record each Sample # on a row below and record a Sample Site Description • Check ☑ all applicable boxes in each section to the right for each sample. • Fill out separate COC forms for job sites/samples requiring separate reports. • Overnight shipping for Legionella is recommended; 2 nd day acceptable per ISO11731:2017. • E. coli and Endotoxin samples must be shipped overnight on cold packs (no ice). • Sign below and date to document relinquishing samples.				vPCR* Potable Water	RUSH vPCR* 4 Hour	Cultured Non-potable Water	Cultured Potable Water	RUSH Cultured 96 Hour	HPC – Aerobic Bacteria Count	Anaerobic Bacteria Count	Total Coliform/E.coli Screen	Pseudomonas aeruginosa Screen	Waterborne PATHOGEN SCREEN	Acid Producing Bacteria	Denitrifying Bacteria	Iron Related Bacteria	Slime Forming Bacteria	Sulfate Reducing Bacteria	Fluorescent Pseudomonas	Nitrifying Bacteria	Algae		
	Sample #	Sample Site Description																						
	1	6 th Floor – 6 East Oncology – Room 621- Shower			X			X																
	2	6 th Floor – 6 North – Room 658- Sink			X			X																
	3	5 th Floor – 5 West – Room 509- Sink			X			X														$ \bot $		
	4	5 th Floor – 5 East – Room 548- Sink			X			X																
	5	4 th Floor – 4 South – Room 432 - Shower						X																
	6	3 rd Floor – ICU – Room 12- Sink						X																
	7	2 nd Floor - Physical Therapy - Therapy Pool						X		X		X	X											
	8	1 ST Floor – Surgery – OR #5 – Scrub Sink						X																
	9	Cooling Tower #1					X										X	X	X					
	10	Cooling Tower #2					X																	
Transit Delay Sample Processing Approval by Customer/Initials or Customer notified by EST/Initials Phone 🗆 Email Date Response Date Contact Name Authorized to 🗀 Processing Approval processing Approval by Customer/Initials or Customer notified by EST/Initials Or Custo									Process	De	estroy													
Notes:							Samples Relinquished By:									Date/Time								
														Date/Time										