

REPORT PREPARED FOR: _____

PROJECT# _____
 LAB ID _____
 RECEIVED DATE _____
 REPORT DATE _____

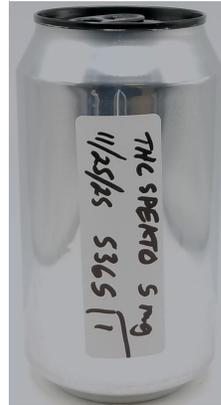


SAMPLE NAME: _____

MICROBIALS

PASS

| | ACTION LEVEL (CFU/G) | SAMPLE LEVEL (CFU/G) |
|--------------------|-------------------------|-------------------------|
| Total Coliform | | |
| E. Coli | Presence | |
| Yeast & Mold | | |
| Enterobacteriaceae | | |
| Salmonella | Presence | |
| Total Count | | |



Prepared By:

Date Prepared:

Analyzed By:

Analysis Date

Analyzed by COMPACTDRY method.

ND = Not detected

CFU/G = Colony forming units per gram

APPROVED BY:
JUSTIN HALL
 LAB DIRECTOR



SIGNATURE

SIGNED ON