

Total Quality Assurance Pty Ltd

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Test Request Form – Water and Swabs

Collection Date :

Client Name :

TQAS to collect from Location :

Or Deliver To TQAS Office:

c/- Odeum Produce Pty Ltd Building
34 Catalano Road, Canning Vale W.A. 6155

Water Sample Testing :

Note : All samples to be kept chilled during transit or temporary storage.

Grower or Business Name :	Water Source			Water Collection Point				Water Sample Description	Water Tests Required			
	Bore	Dam	Rainwater	Tank	Grader	Washer	Irrigation		WS1	WS2	WS3	WFM
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Legend : WS1 – Coliforms. WS2 – E.coli and Thermotolerant Coliforms, WS3 – Salmonella, WFM – Full Mineral Analysis

Environmental Swab Testing (2 x swabs for each site) :

Grower or Business Name :	Date Swab Collected	Swab Collection Site e.g. Grader, Bench, Coolroom 1 etc	Site Location Description e.g. Brushes, Wall	Swab Tests Required		
				ES1	ES2	Other
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Test Legend : ES1 – E.coli, ES2 – Listeria species