

Client Name : TQAS to collect from Location :

Or Deliver To TQAS Office:
Unit 19, 87-91 Catalano Circuit
Canning Vale W.A. 6155

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

Grower / Testee Details:	Water Source			Collection Point				Water Sample Description	Water Tests Required				
	Bore	Dam	Rainwater	Tank	Grader	Washer	Irrigation		WS6	WS7	WS3	WS4	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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Legend : WS6 – E.coli, WS7 – E.coli, Coliforms and Thermotolerant Coliforms, WS3 – Listeria Species, WS4 – 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"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

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