## Total Quality Assurance Systems Pty Ltd

## Test Request Form – Water and Swabs

Tel :(08) 9456 2455 Fax:(08) 9256 2301

<u>admin@tqas.com.au</u>

Collection Date:

Client Name:	TQAS to collect from Location:							Or Deliver To TQAS Office: 0400 to Midday - Monday to Friday)					
								Unit 19, 87-91 Catalan		:			
Water Testing:	Note: A	ll samples	to be kept ch	illed du	ring trans	sit or tempo	orary storag	e. Canning Vale WA 615	5				
Grower Details:													
	Water Source			Collection Point				Water Sample Description	Water Tests Required				
	Bore	Dam	Rainwater	Tank	Grader	Washer	Irrigation		WS6	WS7	WS3	WS4	WFM

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	Site Location Description	Sw	Swab Tests Required			
		e.g. Grader, Bench, Coolroom 1 etc	e.g. Brushes, Wall	ES1 ES	2 Other			

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