**Public Restroom Swabs**

Laboratory Processing Form

**Sample ID Sample Processing Date Sample Processing Time**

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

**Neighborhood Analysis Method**

🞎 Peoplestown 🞎 IDEXX

🞎 Neighborhood X 🞎 Membrane Filtration

**Date and Time Placed in Incubator Date and Time Removed from Incubator**

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

*Fill in the following information in order of decreasing concentration. If you can record the E. coli count, indicate that the reading status is* ***Valid****. If you cannot record the E. coli count, indicate whether the E. coli is too numerous to count (****TNTC\*; > 200 E. coli for Membrane Filtration or > 2419.6 for IDEXX****) or the plate is too dirty to count (****TDTC\*\*****).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Volume** |  | **Reading Status** *(check one)* | | |
| **Plate** | **Dilution (mL)** | **Tested (mL)** | ***E. coli* Count** | **Valid** | **TNTC\*** | **TDTC\*\*** |
| **Plate 1** | 🞎 Undiluted 🞎 1 : 104  🞎 1 : 10 🞎 1 : 105  🞎 1 : 102 🞎 1 : 106  🞎 1 : 103 | 🞎 1  🞎 10  🞎 100 |  | 🞎 | 🞎 | 🞎 |
| **Plate 2** | 🞎 Undiluted 🞎 1 : 104  🞎 1 : 10 🞎 1 : 105  🞎 1 : 102 🞎 1 : 106  🞎 1 : 103 | 🞎 1  🞎 10  🞎 100 |  | 🞎 | 🞎 | 🞎 |
| *If a third dilution has been performed, complete the information for Plate 3. If not, leave Plate 3 blank.* | | | | | | |
| **Plate 3** | 🞎 Undiluted 🞎 1 : 104  🞎 1 : 10 🞎 1 : 105  🞎 1 : 102 🞎 1 : 106  🞎 1 : 103 | 🞎 1  🞎 10  🞎 100 |  | 🞎 | 🞎 | 🞎 |

**Lab Operator Name**

**Notes**