

**CONNECTICUT DEPARTMENT OF AGRICULTURE  
BUREAU OF AQUACULTURE, P.O. BOX 97, 190 ROGERS AVE., MILFORD, CT 06460  
SHELLFISH MEATS COLLECTION FORM**

Town: \_\_\_\_\_ Tax Code: \_\_\_\_\_ Collector: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ Date Harvested: \_\_\_\_\_

Sample Location: \_\_\_\_\_ Depth at Location: \_\_\_\_\_ Harvester: \_\_\_\_\_

Sea Water Surface Temperature at Collection: \_\_\_\_\_ Sea Water Bottom Temperature at Collection: \_\_\_\_\_

Sea Water Salinity Surface at Collection: \_\_\_\_\_ Sea Water Salinity Bottom at Collection: \_\_\_\_\_

Shellfish Relayed from: \_\_\_\_\_ on: \_\_\_\_\_

Sample Type (circle one):    Hard Clam    Oyster    Blue Mussel    other: \_\_\_\_\_

Shellstock (circle one):    in shell    shucked    Collector's Sample No.: \_\_\_\_\_

Analysis Requested (circle one):    Bacteriology    Heavy Metals    Pesticides    PCB's    Other \_\_\_\_\_

Purpose of Analysis:    \_\_\_\_\_ Reopen area    \_\_\_\_\_ Post relay    \_\_\_\_\_ Other

Comments:

(SAMPLES MUST BE AT LEAST 12 ANIMALS AND WEIGH AT LEAST 200 GRAMS. COLLECT SAMPLE IN A CLEAN WATERPROOF CONTAINER. ALL SAMPLES MUST BE ICED IMMEDIATELY AFTER COLLECTION. SUBMIT A WATER FILLED WATER COLLECTION BOTTLE AS A TEMPERATURE CONTROL.)

Date/Time Sample Arrival in Lab/Initials: \_\_\_\_\_ TC/Initials: \_\_\_\_\_

Time sample placed into refrigerator/Initials: \_\_\_\_\_

DIL	0	0	0	0	0	-1	-1	-1	-1	-1	-2	-2	-2	-2	-2	-3	-3	-3	-3
LST 21 HR																			
EC																			

Date/Time LST Inoculated/Initials: \_\_\_\_\_ Date/Time EC Inoculated/Initials: \_\_\_\_\_

Date/Time of EC Results/Initials: \_\_\_\_\_ MPN Value/Date/Initials: \_\_\_\_\_

<b>FECAL COLIFORM RESULT:</b> _____ <b>MPN/100 grams of sample.</b> Date/Initials: _____
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MPN Check-Date/Initials: \_\_\_\_\_