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: ________________

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Date/Time LST Inoculated/Initials: _________________ Date/Time EC Inoculated/Initials: ______________

Date/Time of EC Results/Initials: _______________ MPN Value/Date/Initials: ________________

FECAL COLIFORM RESULT: __________ MPN/100 grams of sample. Date/Initials: __________

MPN Check-Date/Initials: ______________

(Front page of form for fecal coliform testing only -over for testing of total coliform, fecal coliform and SPC )