



2.0 Sample protocol followed and reviewed
If more than one person collecting samples, use multiple tables

Person who collected samples: _____ **Location Code(s)/Date(s):** _____

For more guidance of proper sampling protocol, refer to the *New England States' Drinking Water Sample Collection and Preservation Guidance Manual* (pages 36-37) found at:
<http://www.epa.gov/sites/production/files/2015-06/documents/NE-States-Sample-Collection-Manual.pdf>

Assessment Elements For any <u>shaded box</u> checked, it should be considered an issue and a description must be included.	Issue and/or Description * If any element has not been reviewed, you must include an explanation.			
		Yes	No	Not Reviewed*
2.1 Were samples collected according to the approved Coliform Sampling Plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Was the tap flushed prior to sampling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Was the tap properly disinfected prior to sample collection? (not flaming)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Were there any suspected issues with the sample containers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Was appropriate preservative used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Was the aerator removed from the tap?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Were proper storage procedures used? (temperature, kept on ice during transport to lab)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Was chain of custody properly completed and accurate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Other comments on sample collection procedures.				

List all sample protocol corrective actions (including date). Include assessment element number.
