

NCDA&CS MEAT AND POULTRY INSPECTION SERVICE SAMPLE FOR MICROBIOLOGICAL ANALYSIS	Station/City	Date Collected	Establishment Name & Number		Retain Tag #
	Supervisor	Date of Findings	Lab Code	Product	Date Received in Lab

Please check below the analyses required.

FINDINGS

<input type="checkbox"/> Aerobic Plate Count/g (35 _C) (21 _C)	<input type="checkbox"/> <u>Staphylococcus aureus</u> MPN/g	<input type="checkbox"/> Cl. Perfringens Count/g
<input type="checkbox"/> Coliform MPN/g	<input type="checkbox"/> <u>Salmonella</u>	<input type="checkbox"/> Listeria (sp)
<input type="checkbox"/> <u>E.coli</u> MPN/g	<input type="checkbox"/> Yeast & Mold Count/g	<input type="checkbox"/>

Laboratory Conclusions:	Name of article as labeled:

Microbiologist Initials	Signature of Microbiologist in Charge	Name of Collector
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