



Food Sample Collection Report

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety & Sanitation



General Information					
Permit#/AK#		Establishment/Facility Name		Type of Operation	
Establishment/Facility Mailing Address		City	State	Zip	
Physical Location			Telephone		
Corporation/Company/Owner		Email	Person In Charge		
Sample Information					
Product name and description		Brand	Type of Container	Code/Lot number	
Manufacturer, buyer, seller, importer (as appropriate)	Address	Container Size	Production date	Weight/Size	
Other types of identification					
Sample Collection Data					
Reason for collecting sample: <input type="checkbox"/> Complaint # _____ <input type="checkbox"/> Ready-to-eat sample <input type="checkbox"/> HACCP analysis <input type="checkbox"/> HACCP verification <input type="checkbox"/> Ingredient of outbreak food <input type="checkbox"/> Food from alleged outbreak <input type="checkbox"/> Similar food prepared in similar manner to that involved in outbreak <input type="checkbox"/> Special survey <input type="checkbox"/> Other (specify) _____					
Date collected: _____ Time collected: _____	Sample Container <input type="checkbox"/> Commercial packaging <input type="checkbox"/> Sterile bottle <input type="checkbox"/> Sterile Sample bag <input type="checkbox"/> Other _____		Method of sampling <input type="checkbox"/> Judgment <input type="checkbox"/> Random <input type="checkbox"/> Other _____		
Sample #	Product Description	Location sampled	Product temp	Unit temp	Comments
Shipping Information					
Shipped: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient		Carrier	I.D. marks	Airway Bill #	
Investigator/Sampler Name		ID #	Title	Agency	
Investigator/Sampler (signature)				Sample Relinquished Date: _____ Time: _____	
Laboratory Information					
Analysis Requested Food Dairy Pools/Spas Drinking Water Seafood () Meat & Poultry Shellfish					
Comments:				Turnaround Time (TAT) <input type="checkbox"/> Rush <input type="checkbox"/> Standard	
Lab Use Only					
Condition at receipt		Temperature at receipt	Comments		
Received by (print)		Received by (signature)		Received Date: _____ Time: _____	