

Commonwealth of Virginia
Department of Agriculture & Consumer Services
FOOD SAFETY & SECURITY PROGRAM
P.O. Box 1163
Richmond, VA 23218
SAMPLE COLLECTION REPORT

DCLS LAB USE ONLY

11857	<input type="checkbox"/> Roanoke Regional Office	210 Church Street, SW, Suite 360	540-857-7344	Roanoke, VA 24001	<input checked="" type="checkbox"/> 248	Food
3211	<input type="checkbox"/> Richmond Central Office	1100 Bank Street	804-786-3520	Richmond, VA 23219	<input checked="" type="checkbox"/> 2484	Food
11856	<input type="checkbox"/> Tidewater Regional Office	1444 Diamond Springs Road	757-363-3909	Virginia Beach, VA 23455	<input checked="" type="checkbox"/> 248	Food

VDACS Sample No.				Inspector Code				Collected By			
<input type="text"/>				<input type="text"/>				<input type="text"/>			
Collected Date and				Military Time		Priority		Commodity		Related Samples	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	H	H	M	M		

CATALOG NUMBERS			NAME OF TEST			No. of Units
226	-					
226	-					
	-					
	-					
Seal Intact (Yes/No)? _____						Total No. of Units
CUSTOMER NOTES:						

Identification:

Collected from a lot of:

Sample Consisted of:

Prepared in the following manner:

Delivered to:

Delivery Date:

Establishment where collected:

Central File Number:

Distributor/Manufacturer:

Shipper:

Date of Shipment:

Cost of samples: