

ATTACHMENT A-4

NDA Sample Collection Report Form

NEBRASKA DEPARTMENT OF AGRICULTURE Animal and Plant Health Protection, Lincoln, NE 68509		<b>Pesticide Sample Collection Report</b>		
Sample No.	Date collected	State Investigation No.	Registration No. (if known)	Establishment No.
Date(s) shipped, purchased, or applied		Sample transmittal number		Date sent to lab
Sample Identification (label information and/or sample description). Include sample matrix and reason for collection. <input type="checkbox"/> Formulation <input type="checkbox"/> Use-dilution <input type="checkbox"/> Residue <input type="checkbox"/> Other				
Instructions for analysis				
Name of property owner or facility		Mailing address (if different than property address)		
Street address		City/State/Zip		
Original records and samples sent to (specify location)				
Lot or code number(s)		Size and number of containers in lot		
Sample collected or prepared in the following manner				
Related samples				
Was notice of inspection used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a receipt for the sample(s) issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks and/or map of area and location where sample was obtained				
Sample collector's name (printed)		Sample collector's signature		