



**FOOD SAFETY LABORATORY SERVICE
SAMPLE SUBMISSION FORM**

Veterinary Food Safety
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Please complete in BLOCK CAPITALS
One form per single sample, n=5 batch or up to six swabs
(Note: swab locations to be entered under sampling comments)

| Sampling Officer: _____ Sampling Officer Area: _____ Contact No.: _____ Establishment Name: _____ Establishment Address: _____ _____ Establishment Code [E.U. Approval/ Reg. No.]: _____ Report To (name & address): _____ _____ Business Type: _____ Survey Reference: _____ Sampling Batch No.(i.e. JB070120): _____ Note: Sampling Batch to be completed for n=5 samples, using initials followed by date. Max. 10 characters. The 'Sampling Batch No.' and 'Officer Sample Ref. No' sections must be linked. Sampling Date (dd/mm/yy): ___/___/___ Time of Sampling: _____ | Officer Sample Ref. No.: (i.e. JB070120-1 JB070120-2 etc) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Laboratory Use Only</th> </tr> <tr> <td style="width:50%;">Lab Sample Ref. No.:</td> <td style="width:50%;">Seal Ref. No.:</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Laboratory Use Only | | Lab Sample Ref. No.: | Seal Ref. No.: | | | | | | | | | | | | | | |
|--|---|---|---|--|----------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Laboratory Use Only | | | | | | | | | | | | | | | | | | | | |
| Lab Sample Ref. No.: | Seal Ref. No.: | | | | | | | | | | | | | | | | | | | |
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| Food Chain Stage: Manufacturers & Packers <input type="checkbox"/> Manufacturer selling direct to final consumer <input type="checkbox"/> Distributors & Transporters <input type="checkbox"/> Primary Producers <input type="checkbox"/> Retailers <input type="checkbox"/> Service Sector <input type="checkbox"/> | Sampling Strategy: Convenient <input type="checkbox"/> Selective <input type="checkbox"/> Suspect <input type="checkbox"/> Objective <input type="checkbox"/> Census <input type="checkbox"/> Other <input type="checkbox"/> | Sampling Reason: Routine <input type="checkbox"/> Repeat/Follow up <input type="checkbox"/> Complaint <input type="checkbox"/> Food Incident/Outbreak Incident/Outbreak <input type="checkbox"/> Code: _____ Survey <input type="checkbox"/> Food Alert (RASFF) <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> | Storage Conditions (at sample site): Chilled <input type="checkbox"/> Hot <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient <input type="checkbox"/> Cooling <input type="checkbox"/> Thawing <input type="checkbox"/> Temperature at Sampling Site : _____°C | | | | | | | | | | | | | | | | | |
| Significant Labelling Details: _____ | | Official Control Sample: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

| SAMPLE DETAILS – FOOD/ENVIRONMENTAL | | | |
|--|---|---|---|
| Sample Description: _____ _____ Test No/Test Required (see Appendices 1 & 2): _____ Manufacturer: _____ Brand Name: _____ Pack Wt. _____ EU Category(1-21): ___ Production Batch No.: _____ Best Before (dd/mm/yy): ___/___/___ Use by Date (dd/mm/yy): ___/___/___ Country of Origin: _____ Sample >100g: Yes <input type="checkbox"/> | Animal Origin Bovine <input type="checkbox"/> Ovine <input type="checkbox"/> Porcine <input type="checkbox"/> Caprine <input type="checkbox"/> Equine <input type="checkbox"/> Poultry <input type="checkbox"/> Game <input type="checkbox"/> | Processing: Smoked <input type="checkbox"/> Salted <input type="checkbox"/> Fermented <input type="checkbox"/> Preserved <input type="checkbox"/> Minced <input type="checkbox"/> Cut <input type="checkbox"/> Other(Please specify) <input type="checkbox"/> _____ | Cooked Status: Cook/Chill <input type="checkbox"/> Cooked <input type="checkbox"/> Partially Cooked (incl. flash fried) <input type="checkbox"/> Raw <input type="checkbox"/> Mixed cooked & raw <input type="checkbox"/> Re-heated <input type="checkbox"/> Pasteurised <input type="checkbox"/> Sterilised <input type="checkbox"/> Not applicable <input type="checkbox"/> |
| Packaging (at sample site): Loose <input type="checkbox"/> Vac-packed <input type="checkbox"/> MAP <input type="checkbox"/> Canned <input type="checkbox"/> Bottled <input type="checkbox"/> Packed <input type="checkbox"/> | | RTE Status: Ready to Eat <input type="checkbox"/> Not Ready to Eat <input type="checkbox"/> | |

| SAMPLE DETAILS – UNPACKAGED WATER | | |
|--|--|--|
| Sample Description: _____ _____ Test No./Test Required (see Appendix 2): _____ Water Source: Public Water Supply <input type="checkbox"/> Private Water Supply <input type="checkbox"/> Group Water Scheme <input type="checkbox"/> Other <input type="checkbox"/> | Water Use (tick one only): Potable water <input type="checkbox"/> Food Ingredient <input type="checkbox"/> Cleaning/Sanitisation <input type="checkbox"/> Food Ingredient/Potable/Cleaning/Sanitisation <input type="checkbox"/> Food Ingredient/Potable <input type="checkbox"/> Food Ingredient/ Cleaning/Sanitisation <input type="checkbox"/> Potable/Cleaning/Sanitisation <input type="checkbox"/> Marine Water for handling/washing/chilling <input type="checkbox"/> Marine Water for revitalisation of LBM <input type="checkbox"/> | Water Sample Type Chlorinated <input type="checkbox"/> UV-treated <input type="checkbox"/> Untreated <input type="checkbox"/> Sample >200ml: Yes <input type="checkbox"/> |

| SAMPLING COMMENTS – SAMPLING OFFICER | | | |
|---|--|---|---|
| | | | |
| I confirm that the above samples have been taken as per the relevant legislation: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Signature: _____ | | Date: _____ | |
| SAMPLE RECEIPT – LABORATORY (Laboratory Use Only) | | | |
| Condition of sample on receipt: Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> (comments) _____ _____ | Sample sealed: Yes <input type="checkbox"/> No <input type="checkbox"/> Seal Number: _____ Temp. on receipt: _____ °C | Transported by: Courier/Taxi <input type="checkbox"/> By Hand <input type="checkbox"/> Post <input type="checkbox"/> Other <input type="checkbox"/> Person who submitted sample: _____ | Received in lab by: _____ Date (dd/mm/yy): ___/___/___ Time: _____ |
| LABORATORY COMMENTS | | | |
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Appendix 1: Food Categories in Appendix 1 are extracts from Commission Regulation (EC) 2073/2005

| Test Suite No. | FOOD CATEGORY | MICRO-ORGANISMS |
|----------------|---|---|
| TS-1.1 | Ready-to-eat foods intended for infants and ready-to-eat foods for special medical purposes | <i>Listeria monocytogenes</i> * |
| TS-1.2 | Ready-to-eat foods able to support the growth of <i>L. monocytogenes</i> , other than those intended for infants and for special medical purposes | <i>Listeria monocytogenes</i> * |
| TS-1.3 | Ready-to-eat foods unable to support the growth of <i>L. monocytogenes</i> , other than those intended for infants and for special medical purposes | <i>Listeria monocytogenes</i> * |
| TS-12 | 2.1.1 & 2.1.3 Carcasses of cattle, sheep, goats and horses | Aerobic Colony Count Enterobacteriaceae <i>Salmonella</i> |
| TS-13 | 2.1.4 Carcasses of pigs | <i>Salmonella</i> |
| TS-14 | 1.5 & 1.6 & 2.1.8 Meat preparations | <i>E. coli</i> <i>Salmonella</i> |
| TS-15 | 1.5 & 1.6 & 2.1.6 Minced meat | Aerobic Colony Count <i>E. coli</i> <i>Salmonella</i> |
| TS-16 | 2.1.5 Poultry carcasses of broilers and turkeys | <i>Salmonella</i> <i>Campylobacter</i> Enumeration |

*samples may be examined for extra tests as per FSAI Guidance Note 3.

Appendix 2: Test Suites in Appendix 2 are only available on prior agreement with the laboratory

| Test Suite No. | SAMPLE TYPE | MICRO-ORGANISMS |
|----------------|-------------------------------|---|
| TS-7 | Non Routine/Investigation | To be agreed with the laboratory |
| TS-8 | Environmental Swabs | <i>Salmonella</i> |
| TS-9 | Water (Potable/Environmental) | <i>Escherichia coli</i> Enterococci |
| TS-17 | Water (Marine) | |
| TS-10 | Water (Potable) | <i>Escherichia coli</i> O157 <i>Escherichia coli</i> O26 |
| TS-11 | Environmental Swabs | <i>Listeria</i> |