|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| Submitted by: | | | | | Owner (if different from submitter): | | | | | |
| Business Name (if applicable): | | | | | Business Name (if applicable): | | | | | |
| Street: | | | | | Street: | | | | | |
| City: | | Prov: | Postal Code: | | City: | | | Prov: | Postal Code: | |
| Tel: | | Fax: | | | Tel:( ) - | | | Fax:( ) - | | |
| Email: | | | | | Email: | | | | | |
| **Chain of Custody Information:** | | | | |  | | | | | |
|  | **Name:** | | | **Date:** | |  | Invoice to: Submitter  Report to: Submitter | | | * Owner * Owner |
| Sample Relinquished By: |  | | |  | |  | Report by: Mail Fax E-Mail | | |  |
| Sample Received By: |  | | |  | |  | **Quotation #:** | | | Purchase Order# |

|  |  |
| --- | --- |
| **Note: Is the water sample coming from facilities**  **under Ont. Reg. 170 or Ont. Reg. 318 and O. Reg. 319?**    **Check one box: □ O. Reg. 170 or □ O. Reg. 318/319**  **or □ None**  **If yes, Notification Information must be completed.**  **(Information is used to report Adverse Water Quality Incident**  **(AWQI); failure to report is an offence)** | |
|  |  |

|  |
| --- |
| **Notification Information** |
| **(Small) Drinking Water System Name:** |
| **SDWS/DWS Number:** |
| **SDWS/DWS Location:** |
| **Contact person:** |
| **Tel:** |
| **Fax:** |
| **E-mail:** |

**SAMPLE INFORMATION: Water Type\_Check all applicable:**

□ Tap Water □ WATER

:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample  ID | Water Type | Chlorine residual | Re-Sample | Sample Location Name | Sampler Identification | | Sampling | | Analysis Requested |
| YES / NO | Name | Signature | Date | Time |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

LAB NOTES:

Temperature of the sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water sample arrived FROZEN □

Samples submitted in a cooler □ with frozen ice/ice packs □

Bottles Supplied by the Lab □ Lot#\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Bottles □