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|     |
| 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: SubmitterReport 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)** |
|  |  |

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| --- |
| **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

:

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