



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:		
Sample Relinquished By:			Invoice to: <input type="checkbox"/> Submitter	<input type="checkbox"/> Owner
			Report to: <input type="checkbox"/> Submitter	<input type="checkbox"/> Owner
Sample Received By:			Report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	
			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