

Ontario Safe Drinking Water Act

Chain of Custody



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In accordance with the Ontario Safe Drinking Water Act, notification of exceedences must be reported to the MOECC/MOHLTC/Waterworks. Failure to do so is an offence under the act.

For information contact: MOECC Central Reg. 1-800-565-4923 or www.ontario.ca

File Name:			
Verified by:		TAT:	
Subcontract Lab / Date			Checked <input checked="" type="checkbox"/>

SECTION # 1: CONTACT INFORMATION:

<p>Client: _____</p> <p>Contact: _____</p> <p>Address: _____</p> <p>Telephone: _____ Fax #: _____</p> <p>email: _____</p> <p>CC Results to: _____</p> <p>Fax / email: _____</p>	<p>INVOICE TO: _____</p> <p>(if different) _____</p> <p>ATTN: _____</p> <p>Project: _____</p> <p>Quote #: _____</p> <p>PO #: _____</p>
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SECTION #2 : WATERWORKS INFORMATION:

* If under regulation, please ensure the following Notification Information is completed *

REGULATION: 170/03 [] 318/08-319/08 [] SOURCE: Ground Water [] Surface Water []	Not Regulated [] Operational Check [] Not for human consumption [] Other: _____
Waterworks Name: _____	Waterworks Location: _____
Waterworks #: _____	
Contact: _____	Phone: _____ Fax: _____
	After Hours Phone: _____
MOH Region: _____	Phone: _____ Fax: _____
Contact: _____	After Hours Phone: _____

SECTION #3: MTO KIT SAMPLE INFORMATION :

TURNAROUND TIME (TAT): (X) REGULAR - 10 BUSINESS DAYS [] RUSH - 5 business days [] RUSH - 2 business days [] RUSH - specify date / time _____				Requires Notification as per SDWA or CofA (2)		* RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge			ANALYSES REQUESTED (check where required)												
Bottle #	Sampling Location (ie: address, distribution site or faucet location)	Water Type (1)	Yes	No	Date Sampled	Time Sampled	Free / Total Chlorine	TSS, TDS	pH	Alkalinity	Conductivity	Tannins & Lignans	Chloride	Sulphate	Nitrate	Ca, Mg, Mn, Fe, Na, K	Hardness	ammonia/ammonium	TC, EC, FC, GBP	# of containers sent	
		(R) (T) (D)																			7
Name: _____																					
Address: _____																					
Phone: _____																					

(1) Water Type; please circle (R)Raw, (T)Treated, (D)Distribution Required for all systems regulated under the SDWA - use DWIS assigned descriptions when applicable

(2) Check YES if adverse results / exceedences require notification to the MOECC / MOHLTC - as per SDWA or C of A.

Sampled by:

Name (sign): _____

Name (print): _____

Italicized analyses will be subcontracted to an outside licensed laboratory

Relinquished / Authorized by (including subcontracting):

Name (sign): _____

Name (print): _____

Date & Time: _____

THIS AREA FOR LABORATORY USE ONLY:

Received at the Laboratory by: _____

Date: _____ Time: _____

Laboratory Prepared Bottle(s): Yes [] No [] # of bottles Rec'd: _____

Method of Delivery: Courier [] Bus [] Air [] Mail [] Hand Delivery []

Arrival Temp. of micro bottle (°C): _____

Comments: _____

Field Labour: _____ Mileage: _____ Initials: _____