UNIT 11-191 BOOTH RD, NORTH BAY ON P1A 4K3 NearNorthLabs.ca TEL (705) 497 0550 FAX (705) 497 0549

## **Microbiology**Chain of Custody Submission Form

Invoice

	Γh	ie regulation that th	e drinking wate	er															
Client		x: Reg 170/03,		Invoice to (If different than reporting)												t is 0.0° to 15.0°. Sar ozen. Interpret results			
Contact	John Doe				Raw: Untreated source water Treated: Treated water right after source								· ·	·		•	·		
Mailing					Distribution: Treated water further down the									aborat	tory Us	Only	Job :		:
Address	Olitario, Gariada					line (ex: kitchen tap)								abora	.0. y 00.	o o i ii y			
Phone	Ductool					Thursday HPC submissions and all Friday submissions are name of pject to additional weekend surcharges								Analys	ses Starte	d			
Fax	drinking water fa				acility from								P	Analyses	Complete	d			•••
Email	john@doe.com  C.C. Email  where the samp							<b></b>	<b>20</b>	Identify water samples that are subject to SDWA			Analyst				Verifier		
Project	South Well Supply					as pe	quires	Analyses	Requested	MAC / IN	ИАĆ exce	eedence	Adve				AWQI		B
Regulation 170/0 PO/Quote					Number of	C &	No I	ses	štec			only if you	Author	ized					
Raw Source X Ground Surface					<b>u</b>	TA SU	Notification	70		are req	uire to do	S0.	Pho	ned			Faxed		S
				Sample	ottles	A	ation	C/EC				Field	Ema	iled		•••••	Mailed		ece
Bottle #	Station			Time	ω L		_	_	Ξ	Chlorine	(Mg/L)	Turb							<b>–</b> ₹.
Locator Acron	Short Specific Sar	npling Location	Water Type	(24Hr)	ent	Yes	No	GBP	HPC	Free	Total	NTU	TC	EC	GBP	HPC	Sample ID	Temp	2 <u>Q</u>
1	Raw Well		Paw	9:00	1		Х	Х							[				
2	Dining Roo	om Kitchen Tap	Distribution	9775	1	X		Х	X										
3					1		<i>'\</i>	Х			the samp								
4				$\vdash$	1			X	u	ploaded t	required to the MC	ECC or			ļ				
5	Specific location was taken	,	t time when the		1		-+	X	ΠН	ealth Uni	it and if the	hey							
6			ole was taken.	-	1			X		f adverse	notified in results.	in case							
					_														
7					1			Х							<u> </u>				
8 Name	and signature of the				1			Х	- 1						į				
Name and signature of the person who took the water Name a										time that				[					
10 sample	e. The	e date that the sam	ple	person the sam							as hande or droppe	ed over to			:				
	wa	s taken.		dropped						the lab.	от агорр	ou on at	2		:				!
Sample Collection Sample						le Relinquis <del>hm</del> ent							Sample Reception Samples OK to process						
Signature	e Z	_ /	$\neg$ s	Signature		7	_	$\neq$	$\not$		-/\		Recep	tionist				•	2
Name (Print) John Doe				Name	Η.	Jane Doe											Time		
*/			Date								30 4	Shipped	by :	Air	Bus	Courier ::: Ha	nd [ M	1ail	
This form must be completely & accurately filled out or the laboratory ma						2017/101/12													
Drinkina 1		іріетету а ассигатету п	iled out or the lab	•	-														
				al Officer of Health								Job No	ries						
Name Fictional Camp - South Well Supply				Region	Region North Bay Parry Sound District Health Unit							th Unit							
Waterworks # 999999999				Fax: (1	ax: (111) 010-0011														
Contact: ;Jane Doe Location:1234 NoWhere St, North Bay ON, A1A 1A1				After Hou	ırs: ;(	111) 10	01-110	0					Field La	bour			FO		Ш
Phone: : (000)		1									Mileage					d 2017-01	-09		

<sup>\*</sup> Consult the SDWA or a "Certificate of Approval" to determine if any adverse results detected are reportable in accordance to Schedule 16, O. Reg. 170/03, Reg. 318/08-319/08, SDWA, MOECC. Ministry of the Environment and Climate Change: 1-800-565-4923 / www.ontario.ca In accordance with the Safe Drinking Water Act, O. Reg. 170/03 & 318/08-319/08, notification of exceedences must be reported to the MOECC/MOHLTC/DWS. Failure to do so is an offence under the act. It is imperative that the above information be complete.