

**Ontario Safe Drinking Water Act**

**Chain of Custody**



**NEAR NORTH LABORATORIES INC.**  
 Unit 11 - 191 Booth Road  
 North Bay, ON P1A 4K3  
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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. (416) 325-4000 or www.ontario.ca

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

**SECTION # 1 : CONTACT INFORMATION:**

Client: _____	INVOICE TO: _____
Contact: _____	(if different) _____
Address _____	ATTN: _____
Telephone: _____ Fax: _____	Project: _____
email: _____	Quote #: _____
CC Results to: _____	PO #: _____
Fax / email: _____	

**SECTION #2 : WATERWORKS INFORMATION:**

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

REGULATION: 170/03 [ ] 318/08 -319/08 [ ]	Not Regulated [ ]	Operational Check [ ]
SOURCE: Ground Water [ ] Surface Water [ ]	Not for human consumption [ ]	Other: _____
Waterworks Name: _____	Waterworks Location: _____	
Waterworks #: _____	Phone: _____	Fax: _____
Contact: _____	After Hours Phone: _____	
MOH Region: North Bay Parry Sound District Health Unit	Phone: (705) 474-9481	Fax: (705) 474-9481
Contact: Inspector on call	After Hours Phone: _____	

**SECTION #3: SAMPLE INFORMATION:**

TURNAROUND TIME (TAT):			Requires Notification as per SDWA or CoFA (2)		ANALYSES REQUESTED (check where required)								# of containers sent					
Bottle #	Sampling Location (ie: address, distribution site or faucet location)	Water Type (1)	Yes	No	Date Sampled	Time Sampled	Total / Free Chlorine											
																		2

(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 [X] 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: \_\_\_\_\_