Microbiology Chain of Custody Submission Form

Invoice

Client	John Do	lr	Invoice to (If different than reporting)											ot is 0.0° to 15.0°. Sampl ozen. Interpret results wi		this						
Contact	John Doe	1									, p											
Mailing																Laborat	ory Use	Only	Job		[
Address	Ontario, Odridda 1 Ostai Oodc				I Code A1A	1A1]] _,		LIDO -	L			da a basis		017 000	Office						
Phone	(555) 555 555							Thursday HPC submissions and all Friday submissions are subject to additional weekend surcharges								Analyses Started						
Fax																Analyses Completed						
Email	ail john.doe@gmail.com C.C. Email								Rec	Þ	Re	Identify water samples			Analyst				Verifier AWQI ₩			
Project	Project							Requires Analyses that are subject to SDWA MAC / IMAC exceedence notification requirements.							Adverse				AWQI			
Regulation										queste queste nalyses quires Na quires Na as per *				notification requirements.								
-		Exact time		ie sa	e sample 🛚 🚉			_ UI		egulated sample should ays have "No" checked			anad			Faxed						
Raw Source	Raw Source Ground Surface was taken.								P. 13				as they are not reportable.			Emailed Faxed Mailed					rec	
Bottle #	Time/ (o									_	Cnionne (mg/L) Turb											
Locator Acro	Short nym Name	Specific San	npling Locat	ion	Water Type		ient	Yes	No	GBP	HPC	Free	Total	NTU	TC	EC	GBP	HPC	Sample ID	Temp	ved	
1		Kitchen Tap			Treated	13:00	1		X	Х								! !				
2		Well Water			Raw	11:30	1		X	X												
3	. /						1			Х							-		f			
4	\	Specific lo	cation of wh	nere]		1		ς_	Х					 		- 	 !	; ! !		7	
5	the sample was taken. Raw: Untre Treated: Un								e	Х					‡	• • • • • • • • • • • • • • • • • • • •	- 	 !	ļ		-::	
6				treatment system is				, 	Х			lame and signature of the						: :	-			
7									Х		person who handed over a sample to a courier or						ļ	i ! ! !	-}			
,						1						d it off at t				. .	ļ					
8							1			Х		_			<u>;</u>		; -;	; ;	i : ;			
9							1			Х							<u>:</u>				<u> </u>	
10	\			•	ature of the		1			Х							<u> </u>		i ! !			
•		•	sample		lected the										_							
Sample C	ample Collection Sample									e Relinquishment							otion		Samples OK to process			
Signatui	Signature Signature							John Doe							Receptionist						,	
Name (Prin								- i							Sample Reception Samples OK to process Receptionist Time							
Sample Date YY 2024 / 01 // 30 DD Date						_	, , , , , , , , , , , , , , , , , , ,							Shipped by Air Bus Courier Hand Mail								
	This for			ırately 1	The date where	41-0-00	ــا						<u> </u>									
This form must be completely & accurately The date when the samp was taken.								ple be able to process the samples: icer of Health							.lob Notes							
Name Region							<u></u>						The date and time that the			Oles						
Dhana							<u> </u>	sample was courier or dr														
vvaterworks #							lab.						i oi diopp	Jou on at ti						Form 10611		
Contact: ; Location:							ours:	urs: ;							Printed 2019-06-04							
Phone: ;											Mileage	Э	Based on template #10611									

^{*} 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, MECP. Ministry of the Environment, Conservation and Parks: (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.