Near North Lab Inc.

Environmental Services
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Microbiology
Chain of Custody Submission Form

Invoice .....

Client
Contact
Mailing Address **Postal Code**
Phone **C.C. To**
Fax **C.C. Fax**
Email **C.C. Email**
Project
Regulation **PO/Quote**
Raw Source [X] Ground [ ] Surface

Invoice to (If different than reporting)

Thursday HPC submissions and all Friday submissions are subject to additional weekend surcharges

Samples which trigger AWQI notifications under the SDWA are subject to additional admin surcharges

Acceptable temperature at the time of receipt is 0.0° to 15.0°. Samples outside this range will be processed except when frozen. Interpret results with caution.

Laboratory Use Only **Job**

Analyses Started .....
Analyses Completed .....
Analyst ..... Verifier .....
Adverse ..... AWQI .....
Authorized .....
Phoned ..... Faxed .....
Emailed ..... Mailed .....

Identify water samples that are subject to SDWA MAC / IMAC exceedence notification requirements.

Bottle # or Locator	Station Acronym	Station Short Name	Specific Sampling Location	Water Type	Sample Time (24Hr)	Number of Bottles Sent	Requires Notification as per *SDWA or C of A: Yes	Requires Notification as per *SDWA or C of A: No	Requested Analyses: TC / EC / GBP	Requested Analyses: HPC	Chlorine (mg/L): Free	Chlorine (mg/L): Total	Field Turb: NTU
1									X				
2									X				
3									X				
4									X				
5									X				
6									X				
7									X				

TC	EC	GBP	HPC	Sample ID	Temp	Bottles received

Sample Collection
Signature
Name (Print)
Sample Date YYYY | MMM | DD

Sample Relinquishment
Signature
Name
Date YYYY | MMM | DD Time

This form must be completely & accurately filled out or the laboratory may not be able to process the samples.

Drinking Water System
Name
Waterworks #
Contact:
WW Location:
Phone:

Medical Officer of Health
Region
Phone:
Fax:
After Hours: Inspector On Call (same) ;

Sample Reception
Samples OK to process [ ]
Receptionist
Date Time
Shipped by [ ] Air [ ] Bus [ ] Courier [ ] Hand [ ] Mail
Comments .....

Job Notes

Field Labour
Mileage

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* 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.