

Chain of Custody



Aquatic & Environmental Laboratory Inc.

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Regulation:	Reporting Format:
<input type="checkbox"/> 170/03	<input type="checkbox"/> Email
<input type="checkbox"/> 318/08;319/08	<input type="checkbox"/> Fax
<input type="checkbox"/> Private	<input type="checkbox"/> Mail
<input type="checkbox"/> N/A	

Drinking water samples must be transported on ice. Please have samples submitted prior to 12pm on Fridays.
 Prior arrangements must be made with laboratory in order to submit after hours samples. After hours is after 4:30pm Monday to Thursday and after 3pm Friday to 9am Monday

Form cannot be altered without the approval of Aquatic and Environmental Laboratory Inc.

REPORT TO: Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____ After Hours Contact: _____	Water Works Address: _____ Water Works Number: Heath Unit: Comments:	INVOICE TO: (if different from Report) Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____ P.O. Number: _____
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Date (YYYY-MM-DD)	Time (indicate AM/PM)	Sample Description					Free Chlorine	Total Chlorine	Temp. of Sample (°C or °F)	Water Trax ID	Resample?	Analysis Requested					Laboratory Use Only
		Type: R = Raw; T = Entry/Treated; D = Distribution; RC = Raw Water Consumed										TC/EC/BKG	HPC	pH	Turbidity	Microcystin	
Sample ID and Location		R	T	D	RC											Laboratory Number	

Sample Collection: Name: _____ Signature: _____ Sample Relinquishment: Name: _____ Signature: _____	Transcribed Initials	Transcribed Check Initials	Released Date and Initials	Upload Date and Initials	Sample Reception:		
					Initials	Date	Time
	Invoice #:				Comments:		Arrival Temp. (°C)