Subcontracting Chain of Custody

Regulation:	Reporting Format:								
170/03	Email								
318/08;319/08	Fax								
Private	Mail								
l l									

Drinking water samples must be transported on ice.

Samples should be submitted as early in the week as possible to aid in timely delivery to subcontracted laboratory.



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Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

N/A																						
orm cannot be alter	ed without th	e approval of Aquatic and Environmental Lab	oratory In	c.									T									
REPORT TO:						١	Water W	orks /	Add	lress	: :		IN	VOIC	E TO:	(if di	iffere	ent fr	om Re	eport)		
Client:													Cli	ient:								
Address:													Ac	dres	s:							
			_																			
													Cc	ntact	::							
Email:			Water			um	ber:							nail:								
Phone:			Health		it:								Ph	one:								
ax:			Comme	nts:									Fa									
After Hours Cor	ntact:						I	I		1			Ρ.	O. Nu								
		Sample Description	Sample Description :: W = Drinking Water; S = Sewage/Waste Water; So					ontaine		Flushed	Comments, Standing Time (in		7								Laboratory Use Only	
Date	Time (indicate	_					Temp. of Sample (°C or		nding			Inorganics (Sch. 23)	Organics (Sch. 24)	p	Nitrate/Nitrite	Trihalomethanes	Sodium	Fluoride	Other:	Other:	Other:	Laboratory Number
(YYYY-MM-DD)	AM/PM)	Sample ID and Location		W	S Sc	0	°F)	#	Sta	Flu	minutes)	lno	Org	Lead	Nit	Trik	Sod	Flu	ㅎ	<u>\$</u>) j	(NM-)
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Sample Collection	n:						Trans	cribed	Tra	anscri	bed Check Rele	ased Da	ite and		•	ecep	tion:					
Name:							Init	ials	-	In	itials	Initial	S	Init	ials			Date			٦	Time
Signature: Sample Relinquishment for Subcontracting: Name:														pmments:						Arrival emp. (°C)	Total #) Samples Received	
Signature:							Invo	ice #:														
•																						