

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"/> 319/08	<input type="checkbox"/> Fax
<input type="checkbox"/> Private	<input type="checkbox"/> Mail
<input type="checkbox"/> 493/17	<input type="checkbox"/> Pick up
<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:	Drinking Water System Address:	INVOICE TO: (if different from Report)
Client: _____		Client: _____
Address: _____		Address: _____
_____		_____
Contact: _____		Contact: _____
Email: _____	Drinking Water System Number:	Email: _____
Phone: _____	Health Unit:	Phone: _____
Fax: _____	Comments:	Fax: _____
After Hours Contact: _____		P.O. Number: _____

Date Sampled (YYYY-MM-DD)	Time Sampled (HH:MM)	Sample Description						Free Chlorine (mg/L)	Total Chlorine (mg/L)	U.V. System	Resample?	Analysis Requested					Laboratory Use Only
		Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming										TC/EC/BKG	HPC	pH	Turbidity	Microcystin	
		Sample ID and Location		R	T	D	RWC										REC

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