Chain of Custody

Regulation:	Reporting Format:
☐ 170/03	☐ Email
☐ 319/08	☐ Fax
☐ Private	☐ Mail
☐ 493/17	☐ Pick up
☐ 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.

Aquatic & Environmental Laboratory Inc.

3239 Penetanguishene Rd.
Barrie, ON. L4M 4Y8
Telephone: 705-722-5227
Fax: 705-722-5224
Email: aquaenvirolab@gmail.com

REPORT TO:	Water Works Address:	INVOICE TO: (if different from Report)
Client:		Client:
Address:		Address:
Contact:		Contact:
Email:	Water Works Number:	Email:
Phone:	Health Unit:	Phone:
Fax:	Comments:	Fax:
After Hours Contact:		P.O. Number:

Date (YYYY-MM-DD)	Time (Please indicate AM/PM)	Sample Description: Type: R = Raw; T = Entry/Treated; D = Distribution; RC = Raw Water Consumed; REC = Recreational Swimming. Sample ID and Location	R	T	D	RC	REC	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Temp. of Sample (°C or °F)	Water Trax ID	Resample?	Analysis Requested: TC/EC/BKG	HPC	pH	Turbidity	Microcystin	Laboratory Use Only: Laboratory Number

Sample Collection:
Name:
Signature:

Sample Relinquishment:
Name:
Signature:

Transcribed Initials	Transcribed Check Initials	Released Date and Initials	Upload Date and Initials

Invoice #:

Sample Reception:

Initials	Date	Time

Comments:

Arrival Temp. (°C)	Total # Samples Received