

Subcontracting 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"/> 243/07	<input type="checkbox"/> Mail
<input type="checkbox"/> 493/17	<input type="checkbox"/> Pick up
<input type="checkbox"/> Private	
<input type="checkbox"/> N/A	

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.

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

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				Temp. of Sample (°C or °F)	# of Containers	Standing	Flushed	Comments/ Standing Time (in minutes)	Analysis Requested										Laboratory Use Only		
		Type: W = Drinking Water; S = Sewage/Waste Water; So = Soil; O = Other - Please Specify:	W	S	So						O	Inorganics (Sch. 23)	Organics (Sch. 24)	Lead	Nitrate/Nitrite	Trihalomethanes (THM)	Haloacetic Acids (HAA)	Sodium	Fluoride	Other:	Other:	Laboratory Number (NM-)	
		Sample ID and Location																					

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