

Subcontracting Chain of Custody



Aquatic & Environmental
Laboratory Inc.

2101 Horseshoe Valley Rd. W.
Barrie, ON. L4M 4Y8
Telephone: 705-722-5227
Email: aquaenvirolab@gmail.com

Regulation: <input type="checkbox"/> 170/03 <input type="checkbox"/> 319/08 <input type="checkbox"/> 243/07 <input type="checkbox"/> 493/17 <input type="checkbox"/> Private <input type="checkbox"/> Not Regulated		Reporting Format: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Pick up		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.																																					
REPORT TO: Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ After Hours Contact: _____				Drinking Water System Address: Drinking Water System Number: Health Unit: Comments:				INVOICE TO: (if different from Report) Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____ P.O. Number: _____																																	
Date Sampled (YYYY-MM-DD)	Time Sampled (HH:MM)	Sample Description ----- Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming Please Circle: S = Sewage/Waste Water; O = Other - Please Specify: _____						Chlorine mg/L		U.V. System	# of Containers	Standing	Flushed	Comments/ Standing Time (in minutes)	Analysis Requested					Laboratory Use Only																					
		Sample ID and Tap Location	R	T	D	RWC	REC	Free	Total													Laboratory Number (NM-)																			
Sample Relinquishment for Subcontracting: Name: _____ Signature: _____ Sample Collection: Name: _____ Signature: _____										Sample Reception: <table><tr><td>Transcribed Initials</td><td>Transcribed Check Initials</td><td>Released Date and Initials</td><td>Initials</td><td>Date</td><td colspan="2">Time</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr><tr><td colspan="3">Invoice #:</td><td colspan="3">Comments:</td><td>Arrival Temp. (°C)</td><td>Total # Samples Received</td></tr></table>										Transcribed Initials	Transcribed Check Initials	Released Date and Initials	Initials	Date	Time									Invoice #:			Comments:			Arrival Temp. (°C)	Total # Samples Received
Transcribed Initials	Transcribed Check Initials	Released Date and Initials	Initials	Date	Time																																				
Invoice #:			Comments:			Arrival Temp. (°C)	Total # Samples Received																																		