

Subcontracting Chain of Custody



Aquatic & Environmental  
Laboratory Inc.

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

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:	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						Chlorine mg/L		U.V. System	# of Containers	Standing	Flushed	Comments/ Standing Time (in minutes)	Analysis Requested					Laboratory Use Only
		Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming Please Circle: S = Sewage/Waste Water; So = Soil; O = Other - Please Specify:						Free	Total											Laboratory Number (NM-)
Sample ID and Location	R	T	D	RWC	REC															

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