

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:	Reporting Format:
<input type="checkbox"/> 170/03	<input type="checkbox"/> Email
<input type="checkbox"/> 319/08	<input type="checkbox"/> Mail
<input type="checkbox"/> Private	<input type="checkbox"/> Pick up
<input type="checkbox"/> 493/17	
<input type="checkbox"/> Not Regulated	

Drinking water samples must be transported on ice.
Please have samples submitted prior to 12pm on
Fridays. **HPC analysis not performed on Friday**
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: _____
After Hours Contact: _____	Comments:	Fax: _____
		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 Tap 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: _____					Comments:			Arrival Temp. (°C)	Total # Samples Received
Sample Relinquishment:									
Name: _____	Invoice #:								
Signature: _____									