



Maxxam Job #: _____

COC #: _____

Page: _____ of _____

Invoice To: Require Report? Yes No

Report To: _____

Company Name: _____
 Contact Name: _____
 Address: _____
 PC: _____
 Phone / Fax#: Ph: _____ Fax: _____
 E-mail: _____

Company Name: _____
 Contact Name: _____
 Address: _____
 PC: _____
 Phone / Fax#: Ph: _____ Fax: _____
 E-mail: _____

PO #:
Quotation #:
Project #:
Proj. Name:
Location:
Sampled by:

After Hours Contact #: _____

According to the B.C. Drinking Water Protection Act, Maxxam is required by law to immediately give notice to the water supplier, drinking water officer, and medical health officer in the event your sample is positive in E. Coli and you answered "yes" to any of the first three questions below. For that reason, Maxxam CANNOT analyse your sample unless you have provided all information on this form.

SERVICE REQUESTED:

Regular Turn Around Time (TAT) (5 days for most tests)

RUSH (Please contact the lab)

1 Day 2 Day 3 Day

Surcharges will be applied

Date Required: _____

SPECIAL INSTRUCTIONS:

Return Cooler Ship Sample Bottles (please specify)

PLEASE CIRCLE				ANALYSIS REQUESTED PLEASE SELECT BELOW			Report Drinking Water Criteria DWG17
Samples from a Drinking Water Source? Y/N	Does source supply multiple households? Y/N	Are individuals drinking this water? Y/N	Are you currently on a boil water advisory? Y/N	Drinking Water Package (including Total Metals and Micro)	Total Coliform and E. coli	Number of Containers	
Y	Y	Y	Y				x
N	N	N	N				
Y	Y	Y	Y				x
N	N	N	N				
Y	Y	Y	Y				x
N	N	N	N				
Y	Y	Y	Y				x
N	N	N	N				
Y	Y	Y	Y				x
N	N	N	N				

MHO = Medial Health Officer; DWO = Drinking Water Officer

- FRASER HEALTH AUTHORITY**
MHO: 604.527.4806; DWO: 604.870.7900 or 1.866.749.7900
- VANCOUVER ISLAND HEALTH AUTHORITY**
MHO: 1.800.204.6166; DWO: 250.755.6215
- INTERIOR HEALTH AUTHORITY**
MHO: 1.866.748.1691; DWO: 250.851.7338
- NORTHERN HEALTH AUTHORITY**
MHO:250.565.7424 or 250.565.2000; DWO:250.565.2150
- VANCOUVER COASTAL HEALTH AUTHORITY**
- also check off below if applicable
MHO: 604.527.4893; DWO: 604.983.6751
Coast Garibaldi, MHO: 604.885.8708 and DWO (below):
- Powell River: 604.485.3335 Sechelt Area: 604.885.8711
- Sea to Sky (Howe sound): 604.815.6841 or 604.892.2293 ext. 273
North Shore: MHO 604.983.6751/604.983.6813 and DWO (below):
- Bowen Island, Lions Bay, Bella Bella: 604.904.6200 ext. 1265
- Mount Seymour, Indian Arm, Bella Coola, Anahim Lake: 604.904.6457
- Grouse Mountain and Municipal Systems: 604.904.6200 ext.1264

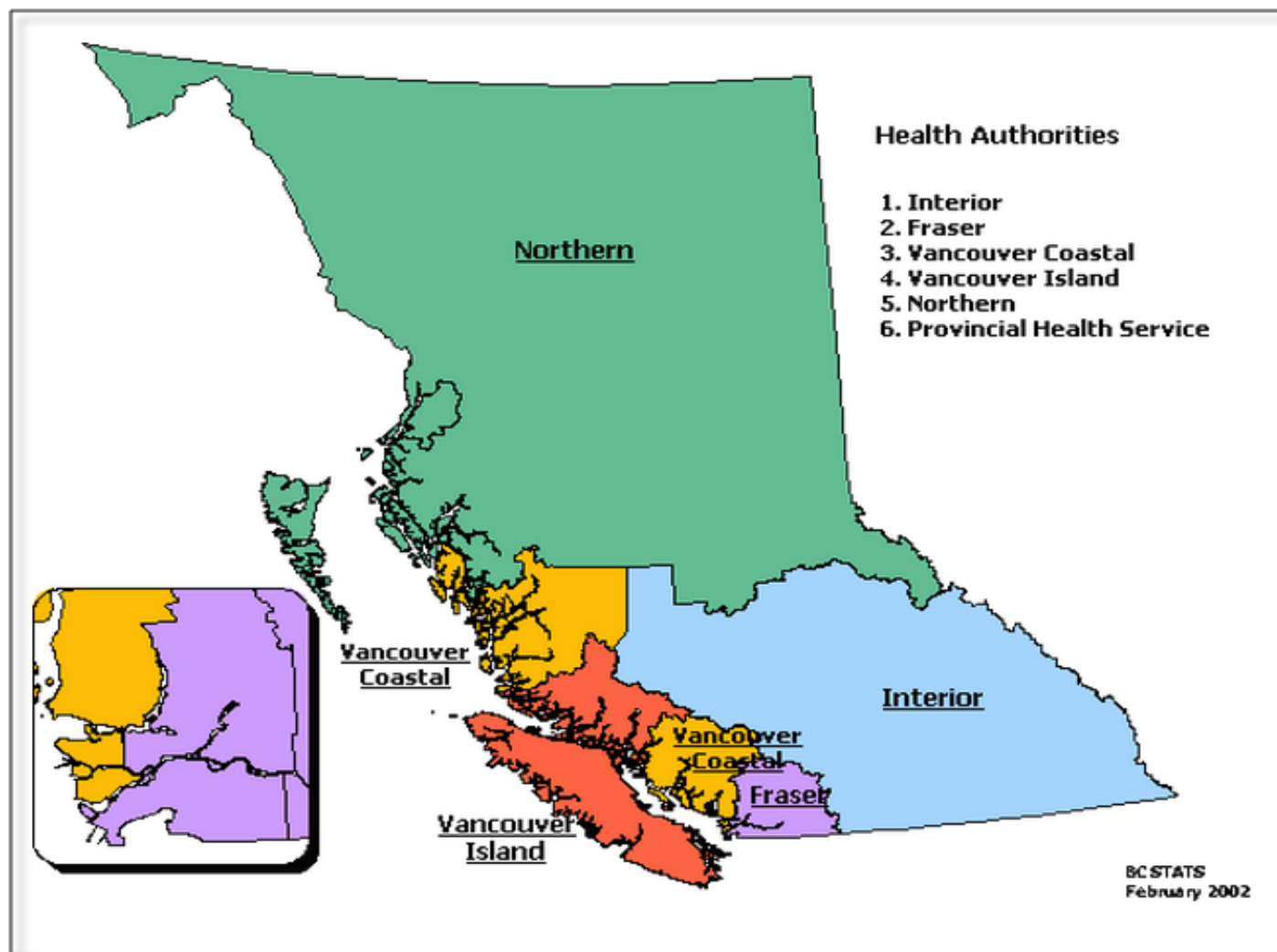
Unless otherwise agreed to in writing, work submitted on this Chain of Custody is subject to Maxxam's standard Terms and Conditions. Signing of this Chain of Custody document is acknowledgement and acceptance of our terms which are available for viewing at www.maxxam.ca/terms

Print name and sign			Print name and sign (laboratory use only)			Laboratory Use Only		
*Relinquished by:	Date (yy/mm/dd):	Time (24hr):	Received by:	Date (yy/mm/dd):	Time (24hr):	Temperature on Receipt (°C):	Custody Seal	Yes No N/A
						A) B) C)	Present?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						Just sampled & rec'd on ice:	Intact?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

IT IS THE RESPONSIBILITY OF THE RELINQUISHER TO ENSURE THE ACCURACY OF THE CHAIN OF CUSTODY. AN INCOMPLETE CHAIN OF CUSTODY MAY RESULT IN ANALYTICAL TAT DELAYS AND SAMPLES ANALYZED OUTSIDE REGULATORY HOLD TIMES.

British Columbia Health Authorities

Maps of the Provincial Health Authorities



Click the link below for more details:

<http://www.health.gov.bc.ca/socsec/provmap.html>