Maxxam
A Bureau Veritas Group Company

6740 Campobello Road, Mississauga, Ontario L5N 2L8
Phone: 905-817-5700 Fax: 905-817-5779 Toll Free: 800-563-6266
CAM FCD-01191/3

CHAIN OF CUSTODY RECORD

Invoice Information	Report Information (if differs from invoice)	Project Information (where applicable)	Turnaround Time (TAT) Required
Company Name:	Company Name:	Quotation #:	☐ **Regular TAT (5-7 days)** Most analyses
Contact Name:	Contact Name:	P.O. #/ AFE#:	**PLEASE PROVIDE ADVANCE NOTICE FOR RUSH PROJECTS**
Address:	Address:	Project #:	**Rush TAT (Surcharges will be applied)**
		Site Location:	☐ **1 Day** ☐ **2 Days** ☐ **3-4 Days**
Phone: Fax:	Phone: Fax:	Site #:	
Email:	Email:	Sampled By:	**Date Required:**

MOE REGULATED DRINKING WATER OR WATER INTENDED FOR HUMAN CONSUMPTION MUST BE SUBMITTED ON THE MAXXAM DRINKING WATER CHAIN OF CUSTODY

Rush Confirmation #:

Regulation 153	Other Regulations
☐ Table 1 ☐ Res/Park ☐ Med/ Fine	☐ CCME ☐ Sanitary Sewer Bylaw
☐ Table 2 ☐ Ind/Comm ☐ Coarse	☐ MISA ☐ Storm Sewer Bylaw
☐ Table 3 ☐ Agri/ Other	☐ PWQO Region _____
☐ Table _____	☐ Other (Specify) _____
FOR RSC (PLEASE CIRCLE) Y / N	☐ REG 558 (MIN. 3 DAY TAT REQUIRED)

Include Criteria on Certificate of Analysis: Y / N

SAMPLES MUST BE KEPT COOL (< 10 °C) FROM TIME OF SAMPLING UNTIL DELIVERY TO MAXXAM

Analysis Requested

	SAMPLE IDENTIFICATION	DATE SAMPLED (YYYY/MM/DD)	TIME SAMPLED (HH:MM)	MATRIX	# OF CONTAINERS SUBMITTED	FIELD FILTERED (CIRCLE) Metals / Hg / CrVI	BTEX/ PHC F1	PHCs F2 - F4	VOCs	REG 153 METALS & INORGANICS	REG 153 ICPMS METALS	REG 153 METALS (Hg, Cr VI, ICPMS Metals, HWS - B)									HOLD- DO NOT ANALYZE	COMMENTS
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

LABORATORY USE ONLY

CUSTODY SEAL Y / N		COOLER TEMPERATURES
Present	Intact	

COOLING MEDIA PRESENT: Y / N

RELINQUISHED BY: (Signature/Print)	DATE: (YYYY/MM/DD)	TIME: (HH:MM)	RECEIVED BY: (Signature/Print)	DATE: (YYYY/MM/DD)	TIME: (HH:MM)	MAXXAM JOB #

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 acknowledgment and acceptance of our terms which are available for viewing at www.maxxam.ca/terms. Sample container, preservation, hold time and packages information can be viewed at http://maxxam.ca/wp-content/uploads/Ontario-COC.pdf.