



DRINKING WATER CHAIN OF CUSTODY RECORD

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Please indicate which regulation applies to the samples being submitted:

170
 318/319
 243
 170 Pb
 Not regulated (however water is for human consumption)

Invoice To:

Company Name:
 Attention:
 Address:
 Tel: _____ Project:
 Fax: _____ P.O.#:
 Email:

Report To:

Same as Invoice To
 Company Name:
 Attention:
 Address:
 Tel: _____ Fax:
 Email:

ANALYSIS REQUESTED									
Coliform / Ecoli / Background	Heterotrophic Plate Count	Schedule 23 + Schedule 24	Nitrate /Nitrite	Trihalomethanes	Lead				

***DRINKING WATER TYPE LEGEND: [R Raw Water] [T=Treated/POE] [D Distribution] [P=Plumbing] [S Standing] [F Flushed]**

Sample Identification/Location	Date Sampled	Time Sampled	*Water Type (R,T,D,P,S,F)	MOE/MOH Adverse Notification Required?		Field Chlorine		Field Turbidity	Field pH	Watertrax SPL#	Resample Y/N?	# of Bottles
				YES	NO	Free	Total					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

It is mandatory that all notification information below be completed prior to analysis for regulated drinking water submissions.

TAT (TURNAROUND TIME)		ADVERSE NOTIFICATION INFORMATION			LABORATORY USE ONLY	
RUSH TAT MUST HAVE PRIOR APPROVAL	Waterworks Name:	Medical Officer of Health/Public Health Unit			Received By (Print):	
	Waterworks Number:	Name/Region:			Received By (Sign):	
<input type="checkbox"/> Regular (5-15 Working Days)	Address:	Contact :			Date:	Time:
<input type="checkbox"/> RUSH (Specify Below)	Contact:	Address:			Comments:	
Date Due:	Tel: _____ Fax: _____	Tel #				
RUSH #	Cell :	Fax #				
	Email :	After hours #:			Receiving Temp:	
Sampled By (Print):	Sampled By (Sign):	Date:	Time:	Cooling Media Present Y/N? <input type="checkbox"/>		
Relinquished By (Print):	Relinquished By (Sign):	Date:	Time:	Metals Preservation Check Y/N? <input type="checkbox"/>		