



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:	_____

SERVICE REQUESTED:

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

RUSH (Please contact the lab)

1 Day 2 Day 3 Day

Date Required: _____

SPECIAL INSTRUCTIONS:
 Return Cooler Ship Sample Bottles (please specify)

Drinking Water Package (including Total Metals and Micro)	Total Coliform and E. coli	Number of Containers			

Please check off the region where you collected the samples from:

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

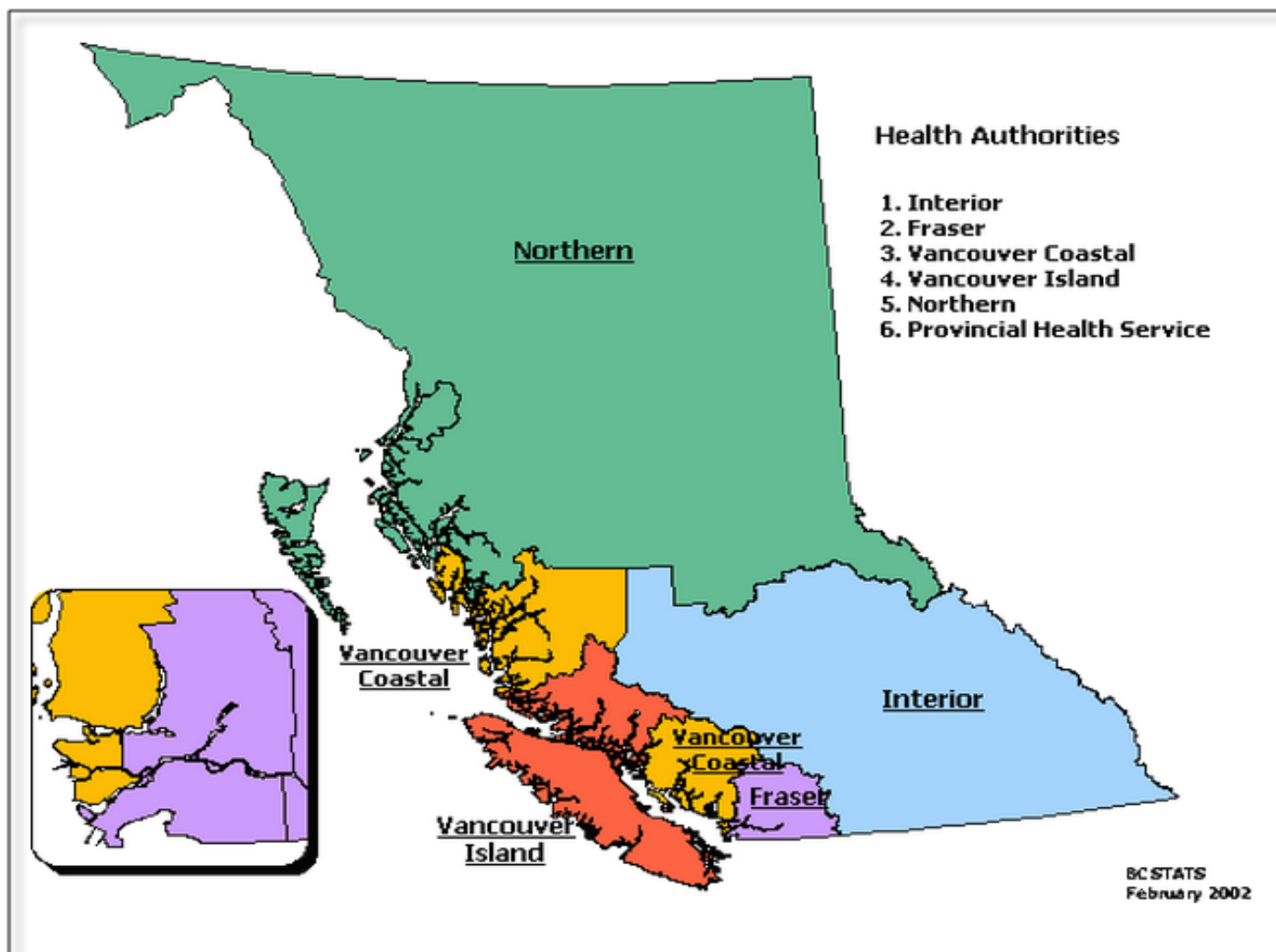
- Samples are from a Drinking Water Source?** YES NO
- Does source supply multiple households?** YES NO
- Are individuals drinking from this well?** YES NO
- Are you currently on a boil water advisory?** YES NO

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):	Time Sensitive	Temperature on Receipt (°C)			Custody Seal	Yes	No	N/A
						<input type="checkbox"/>	A) <input type="text"/>	B) <input type="text"/>	C) <input type="text"/>	Present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Just sampled & rec'd on ice: <input type="checkbox"/>			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 RECORDS. AN INCOMPLETE CHAIN OF CUSTODY MAY RESULT IN ANALYTICAL TAT DELAYS.

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>