Maxxam

DRINKING WATER CHAIN OF CUSTODY RECORD

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Tel: 905-817-5700 Fax: 905-817-5779 Toll Free: 1-800-563-6266

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:

***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	ANALYSIS REQUESTED								
					YES	NO	Free	Total						Coliform / Ecoli /Background	Heterotrophic Plate Count	Schedule 23 + Schedule 24	Nitrate /Nitrite	Trihalomethanes	Lead				
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):
☐ Regular (5-15 Working Days)	Address:	Contact :	Date: Time:
☐ RUSH (Specify Below)	Contact:	Address:	Comments:
Date Due: t	Tel: Fax:	Tel	
RUSH #	Cell :	Fax #	
	Email :	After hours #:	Receiving Temp:

Sampled By (Print):	Sampled By (Sign):	Date:	Time:	Cooling Media Present Y/N? ☐
Relinquished By (Print):	Relinquished By (Sign):	Date:	Time:	Metals Preservation Check Y/N? ☐

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.