



(C of C) LIMS No: _____

Request for Laboratory Services and CHAIN OF CUSTODY (specific SDWA 1st Party)

Environmental Laboratory, 185 Concession St., Lakefield, ON, K0L 2H0 Phone: 705-652-2000 Toll Free: 1-877-SGS-Solv (747-7658) Fax: 705-652-6365 Web: www.sgslakefield.com

Laboratory Section

Sample condition upon receipt: _____

Received Date: _____ / _____ / _____
mm/dd/yy

Logged-in Date: _____ / _____ / _____

Temperature upon receipt: _____ °C

INVOICE TO:	Name: _____	Quote #: _____
	Company: _____	Attached Parameter List: <input type="checkbox"/> NO <input type="checkbox"/> YES
	Address: _____	Requested Turnaround Time: Lab App.
	_____	*24-48h <input type="checkbox"/> 7-10 d <input type="checkbox"/> <input checked="" type="checkbox"/>
	Email: _____	5-7 d <input type="checkbox"/> Other: <input type="checkbox"/> Specify: _____
	Phone: _____ Fax: _____	*Rush TA requests require lab approval

Water Facility Information**Client Lab #:** _____

Company & Facility Name: _____

Waterworks number: _____

Contact Name: _____

MOH Unit (Ministry of Health): _____

Please check the regulation that applies to your water samples. O.Reg 170/03 O.Reg 252/05 Neither - Water samples are not regulated by O.Reg 170/03 or O.Reg 252/05

As per Safe Drinking Water Act, the water facility information and the sample information sections **must be filled out prior to processing samples**. Sample Source Codes * indicate whether samples are Reportable or Not Reportable. The laboratory will report all exceedences to the SDWA as per sample source codes.

Sample Information

Sample Source Code *	Sample Identifier (Sample Name)	Date Sampled	Time Sampled	# of Bottles	Field Total Residual Chlorine	Field Free Residual Chlorine	Analysis Requested (please enter the analysis required below and check off which analysis applies to each sample)				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Sampled By: _____

Date: _____

Note: Results will be sent by email to an unlimited number of addresses for no additional fee. In the absence of email, fax is available upon request but limited to one fax number free of charge.

*** Sample Source Codes: NOTE: DWS (Drinking Water System)**

DW-Distribution Water: Water in the DWS that is in the distribution system. These samples are reportable under O.Reg 170/03 & 252/05 of the SDWA.

TW-Treated Water: Water in the DWS at the point of entry to the distribution system. These samples are reportable under O.Reg 170/03 & 252/05 of the SDWA.

RW-Raw Water: Water source for a DWS that has a treatment system. These samples are not for consumption and not reportable under O.Reg 170/03 & 252/05 of the SDWA.

RWFC-Raw Water For Consumption: Water source for a DWS that **does not** have a treatment system. These samples **are for consumption** and are reportable under O.Reg 170/03 & 252/05 of the SDWA.

NR-Not Reportable: Water samples that are not reportable under O.Reg 170/03 & 252/05 of the SDWA.

Authorization to Perform Work: _____

Date: _____ / _____ / _____ (mm/dd/yy)