



Lakefield Research

(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: 1-877-848-8060 Fax: 705-652-6365 Web: www.sgs.ca

Laboratory Section

Sample condition upon receipt:

Received Date: ____/____/____ mm/dd/yy

Logged-in Date: ____/____/____

Temperature upon receipt: _____ °C

INVOICE TO:

Name: _____

Company: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Quote #: ENV2004-

Attached Parameter List: NO YES

Requested Turnaround Time: **Lab App.**

*24-48h 7-10 d

5-7 d Other: Specify: _____

***Rush TA requests require lab approval**

Water Facility Information | **Water Works Number:** _____

Facility Name: _____

Contact Name: _____ | **Client Lab #:** _____

Facility's Physical Address: _____

Work Phone Number: _____ | **After Hours Phone Number:** _____

Fax Number: _____ | **Email:** _____

MOH (Ministry of Health) Unit: _____ | **MOH Telephone:** _____

After Hours Phone Number: _____ | **MOH Fax:** _____

As per Safe Drinking Water Act, this section **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 Source Code *	Sample Identifier	Date Sampled	Time	# of Bottles	Field Total Residual Chlorine	Field Free Residual Chlorine	Analysis Requested				
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Authorization to Perform Work: _____ **Date:** ____/____/____ (mm/dd/yy)