

**CHAIN OF CUSTODY
WATER QUALITY**

Form: C-0010
Issue: January 9, 2018 Rev. 9
Approval: *SA.7/SW*
Page: 1 of 1

Ship to: 85C Bremigens Blvd.
Paradise, NL
A1L 4A2

Tel: (709) 726-9345

CUSTOMER INFORMATION

Customer Name: _____ Submitted By: _____
Address: _____ Project No.: _____
Quotation No.: _____
Phone: _____ P.O. No.: _____
Fax: _____ Invoice To: _____
Report To: _____
Sample Matrix (Tap water, Potable Surface, Ground, Effluent) Chlorinated Unchlorinated

Sample ID, Serial # and Location	Date/Time Collected (Mandatory)	No. of Containers	Analysis Requested	Comments
1			Drinking Water Package	
2			Total and Fecal Coliforms (MPN)	
3			Total and Fecal Coliforms (MF)	
4			E. coli	
5			Alkalinity	
6			Anions (Bromide, Chloride, Fluoride, Ammonia (as N))	
7			BOD ₅	
8			CBOD ₅	
9			COD	
10			True Colour	
			Apparent Colour	
			Conductivity	
			Dissolved Oxygen	
			Metals <input type="checkbox"/> Total <input type="checkbox"/> Dissolved	
			pH	
			TDS	
			TSS	
			TOC	
			Turbidity	
			Total Chlorine	
			Free Chlorine	
			TKN	
			Total Phosphorus	
			Reactive Silica	
			Total Oil & Grease	
			DOC	
			TIC	
			Hexavalent Chromium	
			Total Chromium	
			Trivalent Chromium	
			Phenols	
			Cyanide (Total)	
			Cyanide (WAD)	
			Sulfide	
			Hardness	

For Internal use only:
Received by: _____ Date / Time: _____
Arrival Temperature: _____ Condition: _____
Project No.: _____