



**Chain of Custody - Sample Submission Form
Ontario Drinking Water Samples**

Regulation 170/03
 Regulation 319/08
 Non-Regulation

Company / Client Name:	PO # or Ref. #:
Contact Person (s):	Phone #:
Town/Region:	Fax #:
Waterworks #:	Email:

In Lab Sample #	Customer's In-field Sample Description	Regulation Sample Description	Collection Date	Collection Time	# Bottles Sent	# Bottles Received	Parameters				Free Chlorine	Total Chlorine
							Total Coliform	E. coli	Back-ground	HPC		

Sampled By (Print):	Received In Lab (Print):
Signature:	Signature:
Date / Time:	Date / Time:
Submitted By (Print):	Temperature:
Signature:	Comments:
Date / Time:	

Legend for Regulation Sample Description: RW - Raw Water; TW - Treated Water; DW - Distribution Water; RWFC - Raw Water for Consumption