

Date/Time Received:

Sample Condition:

Received By:

Reported By:

Sample Temp on Arrival:

Report Date:

°C

ANALYSIS REPORT

Ontario Water Testing Centre
20 Currie Street P. O. Box 311 Chatham, Ontario N7M 5K4
PHONE: (519)351-8266 E-MAIL: laboratory@owtc.net

Company: Contact:

Address:

Phone:

E-Mail:

MOH Phone:

REF#: ##- ####

Fax:

MOH Fax:

Authorizing Signature

Relinquished By: Analysis Start Date:							Regulated:		DWIS/SDWS#:	Client PO	#:	
							Collection Date/Time:					
							•					
			ı	1		1		•				
		Aerobic	Coliform	E. coli	Yeast & Mold	S. aureus	Salmonella	Listeria spp	Physical Inspection	aW	Water Content	рН
Lab # & Sample	Test Time								*Internal Method	*Internal Method	*Internal Method	*Interna Method
Identification	Point								Method	Wictiod	Wictiod	Wictio
										-	<u> </u>	
										 	 	
										 	 	
		<u> </u>										
										-	+	
	•	•		•	•	•	•			•	•	
Comments:			ackage bloating, C scope of accre				ter. Deviations fr	om the normal (as r	received) conditions will be noted			
	internal Metric	ous not on Ow i	C scope of accre	ditated methods	approved by F	JL						
Results relat	te only to the s	amples as rece	ived:									

Ontario Water Testing Centre

20 Currie Street P. O. Box 311 Chatham, Ontario N7M 5K4

PHONE: (519)351-8266 FAX: (519) 351-8188 E-MAIL: oftc@teksavvy.com

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OWTC does not provide statements of conformity on microbiological analysis samples (with the exception of regulated waters under the safe water drinking act, where values are reported without uncertainty calculation). OWTC does not provide acceptance criteria for its selected methods. An acceptance criterion is dependent on the client's requirements and is the duty of the client to determine their acceptance requirement needs. OWTC will only report the analyzed value as determined.

Approved By:

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