

# Ontario Water Testing Centre

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After-Hours: 519-917-2767



## Water Analysis Submission Form

### Water Chain of Custody Record

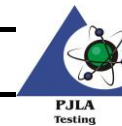


REF #

INVOICE TO: Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

REPORT TO: Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

P.O. #: \_\_\_\_\_  
 Project #: \_\_\_\_\_  
 Location: \_\_\_\_\_



**Analysis Requested** Accreditation #108668

I.D. NO	SAMPLE IDENTIFICATION	Lab Use Only		Matrix	Sample Date	Sample Time	Analysis Requested							
		Sample Temp (°C)	OWTC LAB #				E.coli/100ml	Coliforms/100ml	HPC/0.1ml (Plate Count)	Background/100ml	Total Chlorine mg/L	Free Chlorine mg/L	Sampler's Initials	

Relinquished by: (Signature/Print)		Sampled By:	Received By:	Date/Time Received
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