CHAIN OF CUSTODY RECORD

CANTEST

Unit D
675 Berry Street
Winnipeg, Manitoba
R3H 1A7

Tel: 204 772 7276
Fax: 204 772 2386

www.cantest.com

Client Name:*			Postal Code*
Street Address (including suite number):*		City:	
Telephone:*	Fax:	E-Mail Address (Required for "AutoEmail" Reports):	
Contact Name:*		Sampler's Name:	
Project Name:	Project Number:	Quotation Number:	P.O. Number

Page _____ of _____

RESULTS REQUESTED BY:*

Day Month Year

(Surcharges May Apply)

Special Instructions: ☐ AutoFax ☐ AutoEmail

☐ Return Cooler ☐ Ship Containers (please specify)

☐ Apply Drinking Water Limits

LAB USE ONLY

Sample Identification*	Date/Time Sampled	Sample Type (Matrix)	CCME Metals - Water Type (see reverse): T D FF E	CCME Metals - Soil	pH	Conductivity	TSS TDS TS	Alkalinity (total / spec.)	Biological Oxygen Demand	Chemical Oxygen Demand	Ammonia TKN	Nitrate and Nitrite	F Cl SO_4 NO_3	BETX	VOC	PAH									HOLD - DO NOT ANALYZE	Number of Containers
	Date: Time:																									
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Drinking Water Sample? ☐ Yes ☐ No

Is this a Public water supply source? ☐ Yes ☐ No

Does this source supply multiple households? ☐ Yes ☐ No

Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:

* = *Required Field*

Total Number of Containers:

Please send a copy of the: ☐ Report (by Mail) ☐ Report (by Fax) ☐ Results (by E-mail) ☐ Invoice (by Mail)

Method of Shipment:	Waybill No.:	Received for Lab by:	Date	Time
Shipped by:	Shipment Condition:	Cooler opened by:	Date	Time

Company Name:	
Address:	Postal Code:
Contact:	E-Mail:
Phone:	Fax:

FOR LABORATORY USE ONLY

Sample State at Receipt: ☐ Ambient ☐ Cold ☐ Frozen ☐ N/A Comments:

Temperature _____°C Custody Seal Intact? ☐ Yes ☐ No ☐ n/a Number of Coolers/Shipping Containers: _____

WHITE: FOLLOWS REPORT YELLOW: LAB COPY PINK: CLIENT COPY/GENERAL INFORMATION