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Chain of Custody Record

INVOICE INFORMATION:
 Company Name: _____
 Contact Name: _____
 Address: _____
 Phone / Fax#: Ph: _____ Fax: _____

REPORT INFORMATION (IF DIFFERENT FROM INVOICE)
 Company Name: _____
 Contact Name: _____
 Address: _____
 Phone/Fax#: Ph: _____ Fax: _____

PO#: _____
 Project #: _____
 Proj. Name: _____
 Location: _____
 Quotation #: _____
 Submitted By: _____

MAXXAM JOB NUMBER: _____
SAMPLES ENTERED BY: _____

NUTRITIONAL LABELING REQUIREMENTS
 Are these samples subject to Canadian or United States Nutritional labeling requirements?
 CANADIAN US BOTH

PLEASE NOTE: Serving sizes and Reference amounts must be provided to Maxxam when submitting samples. Simulated labels will not be provided if this data is not provided. For changes to, or creation of labels made after reporting, additional charges will be applied.

If unsure of Reference amounts please visit the following website, table 6.3 for guidance.
<http://www.inspection.gc.ca/english/fssa/labeli/guide/toce.shtml>

#OF CONSUMER UNITS	ANALYSIS REQUESTED (Indicate Preferred Method)											Health / Chemical Hazard?
	CDN NUTRITIONAL LABEL	US NUTRITIONAL LABEL	SUGAR/ALCOHOLS	OMEGA3/6 FATS	VITAMINS B 1, 2, 3	VITAMIN B12	PANTOTHENIC ACID (VITAMIN B5)	VITAMIN B6	FOLIC ACID	BIOTIN	DENSITY (G/ML)	

DUE DATE: _____

STANDARD: _____

Sample Identification	SAMPLE TYPE	REFERENCE AMT	SERVING SIZE	#OF CONSUMER UNITS	CDN NUTRITIONAL LABEL	US NUTRITIONAL LABEL	SUGAR/ALCOHOLS	OMEGA3/6 FATS	VITAMINS B 1, 2, 3	VITAMIN B12	PANTOTHENIC ACID (VITAMIN B5)	VITAMIN B6	FOLIC ACID	BIOTIN	DENSITY (G/ML)	CORE NUTRITIONAL ONLY	Health / Chemical Hazard?	COMMENTS*
1					X													
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

*PLEASE INDICATE ANY ANALYSES TO BE EXCLUDED FROM THE TYPICAL NUTRITIONAL LIST OF PARAMETERS

RELINQUISHED BY: (Signature/Print)	RECEIVED BY: (Signature/Print)	DATE / TIME	PURPOSE OF CHANGE / REMARKS