



DRINKING WATER CHAIN OF CUSTODY RECORD FOR RADIOLOGICAL PARAMETERS

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***Please indicate which regulation applies to the samples being submitted:**

170 Certificate of Approval Required QDW/NMQDW

Not regulated (however water is for human consumption) 318/319

Invoice To:

Company Name:	
Attention:	
Address:	
Tel:	Project:
Fax:	P.O.#:
Email:	

Report To:

Same as Invoice To

Company Name:	
Attention:	
Address:	
Tel:	Fax:
Email:	

ANALYSIS REQUESTED

Gross Alpha/Beta (0.1 Bq/L)	Tritium (15 Bq/L)	Radium-226 (0.01 Bq/L)															

***DRINKING WATER TYPE LEGEND: [R=Raw Water] [T=Treated/POE] [D=Distribution]**

Sample Identification/Location	Date Sampled (YYYY/MM/DD)	Time Sampled	*Water Type (R,T,D)	Report result uncertainty? Y/N	Resample Y/N?	# of Bottles
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

It is mandatory that all notification information marked with * be completed prior to analysis for regulated drinking water submissions.

TAT (TURNAROUND TIME)	ADVERSE NOTIFICATION INFORMATION	LABORATORY USE ONLY
<p>RUSH TAT MUST HAVE PRIOR APPROVAL</p> <p><input type="checkbox"/> Regular (10-15 Working Days)</p> <p><input type="checkbox"/> RUSH (Specify Below)</p> <p>Date Due:</p>	<p style="text-align: center;">Drinking Water System (DWS) information</p> <p>*DWS Name:</p> <p>*DWS Number:</p> <p>*DWS Tel Number:</p> <p>DWS Address:</p> <p>*DWS Contact Name:</p> <p>*DWS Contact Tel:</p> <p>DWS Contact Fax:</p>	<p style="text-align: center;">Medical Officer of Health information</p> <p>*Public Health Unit Name/Region:</p> <p>Contact Name:</p> <p>Address:</p> <p>*Tel #</p> <p>*Fax #</p> <p>After hours #:</p>
<p>Sampled By (Print):</p> <p>Relinquished By (Print):</p>	<p>Sampled By (Sign):</p> <p>Relinquished By (Sign):</p>	<p>Received By (Print):</p> <p>Received By (Sign):</p> <p>Date: _____ Time: _____</p> <p>Comments:</p>
<p>Date: _____ Time: _____</p>	<p>Date: _____ Time: _____</p>	<p> </p>