

DRINKING WATER Microbiological Testing Chain of Custody (COC Form)

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LABORATORY LTD. passmorelaboratory.ca

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- Submit this completed form with sample(s)
- Ensure label on bottle is accurate
- Pay by cheque, cash, or e-transfer
- The report and receipt will be sent by email unless otherwise directed.
- This form and directions on how to collect the sample are on our website.
- *Fecal coliform testing will be done on untreated or raw samples only unless otherwise requested.
- Tests other than bacteriological typically require a different sample bottle

REPORT NUMBER				
CQ CA ET N	Rec.	Scan.	Log.	Sent.

Name or Company:	Attention:	
Email Report to:	Email (CC) Report to:	
Phone:	After Hours Phone (if applicable) :	
Receipt/Invoice to (Email):	P.O. #:	Drinking Water Guideline on Report? (Health Canada)
Project Name and Info:	For regulatory compliance?	Email report to public health or DW officer?:

Sample information:							Bacteria test		* Fecal Coliform	Heterotrophic Plate Count	Turbidity	Conductivity	Other (write)
Sample #.	Sample Identification or Address	Date Collected (mm/dd/yy)	Time collected h:MM tt	Source: Well, Creek, Distribution, Other	Treated or Untreated	Temp (Lab)	Total Coliform	E. Coli					
1													
2													
3													
4													
5													
6													
7													
8													

Sampled by:	SAMPLE RECEIVING INFORMATION		Date:	Time:
Remarks:	(Lab): Received by:			