Report To

www.alsglobal.com

Contact and company name below will appear on the final report

Chain of Custody (COC) Drinking er Request Form

Reg 170/03 Reg 319/08 (Reg 243/07) C of A

Resample Information

PLEASE CIRCLE APPLICABLE REGULATION:

ALS Thunder Bay, 1081 Barton Street. Thund Ph: 807-623-6463 Fr

ALS Waterloo, 60 Nor Ph: 519-886-6910 F

Turnaround Time (TAT) Requeste

Environmental Division Waterloo

Work Order Reference WT2421228

WSP, Durham Catholic Distric School Board (DCDSB) \*Rush Turnaround Time Required? Company Name: Is this a resample from an adverse water quality incident? 51. Janus C.S.
DCDSB: Scott Grieve; WSP: Mayuri Sumbha ☐ YES ☑ NO Works Name: HERE Yes 🗅 No 🤄 🖊 Client Contact: Specify: 10 Clove Ridge Dr. W. Apr Works Address: Reports / Recipients Rush TAT Requires Laboratory Approval City/Province: Durham/Ontario nayuri.sumbha@wsp.com LIS 3ES ostal Code: cott.grieve@dcdsb.ca Additional fees may apply to ru hone Number: Mayuri Sumbha: 416-704-3217; Main: 9057131211 X13809 laudia.Henry@dcdsb.ca, raeann.tawembe@dcdsb.ca nvoice To Same as Report To Invoice Recipients ☐ YES ☑ NO Select Invoice Distribution: 🗵 EMAIL 🔲 MAIL 🔲 FAX Analysis Request Copy of Invoice with Report 

YES 
NO tion Information

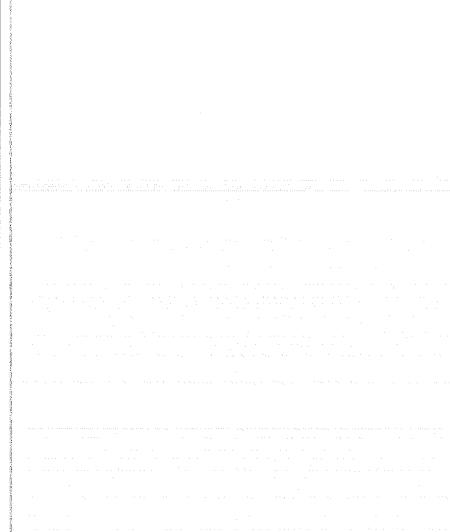
Scott Grieve

Scott.grieve@dcdsb.ca

Region of Durham Public Health WSP nayuri.sumbha@wsp.com Company: Mayuri Sumbha Contact: Project Information Adverse Notification Information Project#: CA0034387.2244 /Quote#: ALS Account # / Quote #: Drinking Water Contact: Q63028 After Hours Phone Number: Drinking Water System Number: 500013911 Health Unit: Submitting samples using this form gives written permission to allow us 유 to subcontract your samples if necessary. Health Unit Phone Number: 905-668-7711 NUMBER ALS Lab Work Order# (ALS use only): ALS Contact: Sample Identification and/or Location Date ALS Sample # Regulated Residual (ALS use only) (This description will appear on the report) (dd-mmm-yy) (hh:mm) Sample Type 500013911-H139-BFF-5 20/07/29 12:34 P5 1 X PP 1:07 SAMPLE RECEIPT DETAILS (ALS use only) Drinking Water Sample Type Legend: Enter any other comments/concerns in the box below: R-Raw, T-Treated, D-Distribution, P-Plumbing, PS-Plumbing Standing, Cooling Method: ☐ NONE ☐ ICE ☐ ICE PACKS ☐ FROZEN PF-Plumbing Flushed Co-location: □ NO DAY DWIS: COOLER TEMPERATURES °C SHIPMENT RECEPTION (ALS use only) SHIPMENT RELEASE (client use) Sampled by (Signature): Submitted to Lab by (Signature): Date: Sampled by (Print) Submitted to Lab by (Print): Received by: M7122124

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY. By the use of this form the user acknowledges and agrees with the Terms and Conditions as specified on the back page of the white - report copy.

NA-FM-0902b v01 ALS Ontario Regulated Drinking Water COC



## **Drinking Water Intake and Login Verification Form**

	SAMPLE IN	TAVE	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		RECEIPT DETAIL / COC CHEC	2007	
			YES	NO	Regulation Circled?	(Yes)	No
Priority/Emergency Service Requested			YES	CNO	Drinking Water System number entered?	Yes	No
Time Sensitive Hold Time			. 25	- The state of the	Rush TAT?	Yes	(No)
Client: WSP					Check pH <2 on COC	(Yes)	<sup>3</sup> No
SAMP	E DECEIDT II	JEORMATI	ńΝ		VERIFICATION CHECKLIST		
			Drop Off		Sample Name entered as per CoC	(Yes)	No
			The state of the s	Sampling Date and time entered as per CoC	Yes	No	
COURIER		TAIVO			Planned event selected in order of COC	/Yes	No
Waybill Number		, , , , , , , , , , , , , , , , , , ,			Guideline added or auto-allocated	Yes	No
Temperature		Cooler Count			Due dates updated	Yes	No
The same of the sa	None )	lce	Ice Packs		Overall Desciption added or auto-allocated	Yes	No
Cooling Method	ATRIX/BOTT			L	Rec'd date and time as per COC	Yes	No
		LE HALOVI	Yes	No			
DW Schedule 24 Bottles Correct?			Yes	No			
DW Metals pH Check <2  Bottle Types: Sample Count			(-153	1 10	VALIDATION		
Bottle Types:	Sample	: count	<u> </u>	£193+0 41/404 A MATERIO (1937-194-1940)	Validation errors or checks	Yes	(NA
Green/white			and the state control of the state of the st		SiF created	Yes	(NA)
Orange/black	and the second s				Login Comments:	The state of the s	W.
Orange/black - LCMS	- CO. Cartilla Co.				Login Commence.		
Warm red/green/white	1	e lako genekan jak pilaga kalin yiyyin yayo a amana a sama		**************************************			
Warm red/white	BAL		CONT. OF THE OWNER, WHEN THE PARTY OF THE OWNER, WHEN THE OWNE	····			
Yellow/black					******		
Purple/white		and the second s					
Light blue/white		·					
Others (detail)							
					Workorder #:		
Comments on Samples and Bottles:							
					SOCK PETON		
Layout Staff Initials					Login Staff Initials:		
Date and Time of Layou	t Sh	1150	NZY.	1120			

DW Intake and Login Verification Form 20 Jan 2023 / APS Page 1 of 1