

# Analysis Request Form

Date of reception by laboratory:

Raw water inorganics

Laboratory sample #:

Responsible \_\_\_\_\_

A) Name and address of responsible

B) Results mailing address (if different from responsible's address)

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Production facility \_\_\_\_\_

Production facility #:  Production facility name:

Administrative region:

Municipality:

Sample \_\_\_\_\_

Sampling date:

Sampling location:

(If known, state the number and/or name of the water catchment site)

Sampled/measured by:

Type of sampling location:  Raw water (Phosphorous samples must be collected from surface water)

Signature:

I attest that the water samples were collected, conserved and analyzed on-site in compliance with the requirements of the Regulation respecting the quality of drinking water (RRQDW).

Analysis results \_\_\_\_\_

Type(s) of analyses required:

Total phosphorous - section 22.0.2

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #.	Sample #				
80 - 95			<input type="checkbox"/> Total phosphorous (mg/l)			

Test laboratory report

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Rejected sample bottle(s):  Reason for rejection:

Remarks:

Test laboratory accreditation #:

Name and address of test laboratory

Analysis report date:

Name:

Address:

Signature:

Telephone: