Guidance On How To Complete A Drinking Water Chain-of-Custody Form

To Note:

- Please use guide on page 2 for location of field number in regards to Chain-of-custody
- **Fields denoted with an asterisk and bolded are required.** Failure to complete these fields may result in analytical delays or rejection of samples.

Client Information:

- **Field 1 - Company*:** enter the name of company responsible for the sample(s).
- **Field 2 - Contact*:** enter the name of the contact (first and last name).
- **Field 3 - Address*:** enter the address of the company/client in fields 1 and 2.
- **Field 4 - Telephone*:** enter the telephone number for the company client in fields 1 and 2.
- Field 5 - Email: enter the email address for the company/client in fields 1 and 2.
- Field 6 - Email 2: enter an additional email (if required).
- Field 7 - Project: enter a project name (this will appear on certificate of analysis).
- Field 8 - PO#: enter a purchase order number (this will appear on the invoice).
- Field 9 - Quote: if you have been given a quote for the analysis please note the quote number here.

Regulation/Guidline Required And Turn-Around Time

- **Field 18 – Regulation/Guideline Required*:** select a guideline or regulation from the available list. “Non-regulated (Ontario)” is for non-regulated samples to be compared to O.Reg. 169/03 guideline limits. “Non-regulated (Federal)” is for non-regulated samples to be compared to Health Canada guideline limits.
- Field 19 – Turn-Around-Time: select the turn-around time required.
- Field 20 – LSN Form: check the box if a Laboratory Services Notification form (LSN) form has been submitted to the MECP or Public Health Unit. An LSN is required for regulated samples to be uploaded to the MECP or Public Health Unit online databases (DWIS, LRMA).
- Field 21 - Public Health Unit: enter the Public Health Unit for the area the samples were taken from.

Drinking Water System Information:

Fields 10 to 14 are only applicable if the drinking water sample(s) is from a regulated drinking water system.

- **Field 10 - DWS Name*:** enter the name of the drinking water system (DWS) if regulated under O.Reg. 170/03, O.Reg. 319/08 or O. Reg. 243/07.
- **Field 11 - DWS #*:** enter the DWS number. This is provided by the MECP or Public Health Unit. It is a nine-digit number starting with 2 (O.Reg. 170/03), 7 or 8 (O.Reg 319/08), or 5 (O.Reg. 243/07).
- **Field 12 - Contact*:** enter the contact name for the DWS. This may be different than the contact in field 2.
- **Field 13 - Address*:** enter the address of the DWS. This may be different than the address in field 3.
- **Field 14 – Telephone*:** enter the telephone number of the DWS. This may be different than the telephone number in field 4.
- Field 15 – Cell phone: enter a cell phone number for the contact in field 12.
- Field 16 - Email: enter the email address for the contact in field 12.
- Field 17 - Email 2: enter an additional email (if required).

Sample ID, Details, Analysis:

- **Field 22 - Sample ID*:** enter the identification of the sample(s).
- **Field 23 - Date/Time*:** enter the ***date and time*** the sample was taken. Ideally this will be in a format of YYYY/MM/DD and using a 24 hour clock to prevent confusion.
- **Field 24 - Sample Type*:** enter the sample type. RW = Raw Water, TW = Treated Water at point of entry (POE) to distribution, TW-NT = Untreated Water at POE to distribution, DW = Distribution, RP = Residential Plumbing, NRP = Non-Residential Plumbing, S = Standing, F = Flushed, PW = Private Well.
- **Field 25 - Resample*:** enter "Y" if the sample is a resample or "N" if the sample is not a resample.
- **Field 26 - MECP/MOH Reportable*:** enter "Y" if a notification is required for adverse results or "N" if no notification is required for adverse results.
- **Field 27 - # of Containers*:** enter the number of containers submitted for sample.
- Field 28 - SPL/Watertrax #: enter the SPL code if a Watertrax upload is required.
- Field 29 - Sample Location: enter the specific location the sample was taken from (e.g. kitchen tap, mechanical room, POE, etc.).
- **Field 30 - Sample Analysis Required*:** enter the parameters to be tested.
- **Field 31 - Checkboxes*:** check the box to indicate which samples should be tested for the specific parameter.
- Field 32 - pH: enter field pH results (where applicable).
- Field 33 - Total Chlorine: enter field total chlorine results (where applicable).
- Field 34 - Free Chlorine: enter field free chlorine results (where applicable).
- Field 35 - Turbidity: enter field turbidity results (where applicable).
- **Field 36 - Relinquished By (Print)*:** print the name of the person providing the samples to the laboratory.
- **Field 37 - Relinquished By (Sign)*:** add the signature of the person providing the samples to the laboratory.
- **Field 38 - Relinquished By (Date/Time)*:** enter the date time the sample was provided to the laboratory. Ideally this will be in a format of YYYY/MM/DD and using a 24 hour clock to prevent confusion.
- Field 39 - Comments: enter any comments about the sample(s).

DRINKING WATER CHAIN-OF-CUSTODY

146 Colonnade Road, Unit #8, Ottawa, ON, K2E 7Y1 - Phone: 613-727-5692, Fax: 613-727-5222

Eurofins Workorder #: _____

CLIENT INFORMATION

Company: 1			
Contact: 2			
Address: 3			
Telephone: 4			
Email #1: 5	#2: 6		
Project: 7			
PO #: 8	Quote #: 9		

DRINKING WATER SYSTEM (DWS) INFORMATION

DWS Name: 10			
DWS #: 11			
Contact: 12			
Address: 13			
Telephone: 14			
Cell Phone: 15			
Email #1: 16	#2: 17		

REGULATION/GUIDELINE REQUIRED

☐ O. Reg. 170/03 ☐ O. Reg. 170/03, Sch. 15.1, Lead ☐ Non-Regulated (Ontario) ☐ None

☐ O. Reg. 319/08 ☐ O. Reg. 243/07 ☐ Non-Regulated (Federal) ☐ Other: 18

☐ Has an LSN form been submitted to MECP or MOHLTC (if applicable)? 20

Public Health Unit: 21

TURN-AROUND TIME (Business Days)

☐ 1 Day* (100%) ☐ 2 Day** (50%) 19 ☐ 3-5 Days (25%) ☐ 5-7 Days (Standard)

Please contact the laboratory in advance to determine rush availability. Surcharges may apply to rush service. Note that some tests (i.e. O. Reg. 170/03 Schedule 24 pesticides may take up to 3 weeks to analyze). Please see notes (on reverse) about TAT policies.

The optimal temperature conditions during transport are 4 - 10 °C. Sample(s) cannot be frozen. Note that for drinking water samples, adverse results will be reported where (and how) applicable legislation requires.
The COC must be complete upon submission of the samples, there will be a $25 surcharge if required information is missing (required fields are shaded in grey).

Sample Details								Sample Analysis Required							Field Measurements				
Sample ID	Date/Time Collected	Sample Type Code (see below)	Resample? Y = Yes N = No	MECP/MOH Reportable (adverse notification required)? Y/N	# of Containers	SPL Code/Watertrax	Sample Location (i.e. Kitchen, POE) 30								pH	Total Chlorine	Free Chlorine	Turbidity	Sample RN# (Lab Use Only)
22	23	24	25	26	27	28	29	31							32	33	34	35	

Sample Type Codes for Drinking Water: **RW** = Raw Water, **TW** = Treated Water at POE to distribution, **TW-NT** = Untreated Water at POE to distribution, **DW** = Distribution, **RP** = Residential Plumbing, **NRP** = Non-Residential Plumbing, **S** = Standing, **F** = Flushed, **PW** = Private Well

Notice of Subcontracting: Occasionally, situations arise in which Eurofins Environment Testing Canada (Ottawa) is unable to process a sample after receipt. By signing this chain-of-custody form, the client agrees that Eurofins Environment Testing Canada (Ottawa) may subcontract samples to a laboratory that is accredited and, where applicable, holds a drinking water license. Agreements made in advance to subcontract to a specific laboratory will be honored.

	PRINT	SIGN	DATE/TIME	TEMP (°C)	COMMENTS:
Sampled By:					39
Relinquished By:	36	37	38		
Received By:					

infocanada@et.eurofinsca.com
OTT-DW-FRM73568, Revision 2, 2026/02/04
www.eurofins.ca