SGS		Request for Laboratory Services and CHAIN OF CUSTODY (specific SDWA/HPPA - 1st Party - Lead)																			
	'	SGS Environmental Services - London: 657 Consortium Court, London, ON, N6E 2S8 Phone: 519-672-4500 Toll Free: 877-848-8060 Fax: 519-672-0361 Web: www.ca.sgs.com {4}																			
Laboratory Information Section																					
Received Date (mm/dd/yyyy):			LAB LIMS #:																		
Receive	ed Time (After	Hours Only):	Upon Receipt (°C):																		
	Name:	Billing & Reporting Information Que																			
ce/	Company:																				
Invoice/ Receipt to:	Address:								Attached Parameter List: YES NO												
_ &	Email:						Turnaround Time														
t t	Attention:		PO #:					Is *Rush Turnaround Time Required? YES NO													
Report to {3}:	Email:						Specify:														
ă	Phone:		Fax:					* Rush TA Requests Require Lab Approval													
		Adverse Lead Reporting Information																			
Facilit Addre	ty Name & ess:																				
Opera	itor Fax:																				
МОН	Fax:																				
SAC F	ax:		1-800-268-6061																		
Waterworks number :			Do you require one report per sampling location? (Please																		
			Sample Information																		
			•						1												
							1	1		REQUIRED											
	mple Code: -NR, TAP-PR or DW	Tap Location (e.g. Kitchen, Fountain, Lunch Room, etc.)	Street Address & Location Phone Number (Location Phone Number is optional)	**Lead Filter Device: BP, LO, R or ND		Time Sampled		Indicate if Original or Re-sample	Link Distribution to Plumbing Sample	TEST(S)											
					Date						, S										
					Sampled					-	Alkalinity and/or Field Alkalinity	Hd									
							sample	-	Address	ead.	ity a	Field p									
										_	kalir ield	ı≝									
											Α										
									†												
						<u> </u>															
					1																
					1	<u> </u>	L														
Sampled By {1}:		(Name) (Signature)				-	Date:			(mm/de	d/yyyy)										
Samples Relinquished by {2):			(Name)	(Signature)				Date: (mm/dd/yyyy)													
form or	be retained on	of samples to SGS is acknowledge file in the contract, or in an altern	ement that you have been provided direction on sample collection/handling and transportation that you have been provided direction on sample collection/handling and transportation that you have been been provided direction. (3) Results may be sent by email to an unlimited nu		sion of samples to SGS is considered authorization for completion of work. Signatures may appear on this additional cost. Fax is available upon request. {4} Completion of work may require the subcontracting of																
samples between the London and Lakefield laboratories.																					
										*Sample Code: TAP-NR = TAP-Non Residential, TAP-PR = TAP-Private Residential & DW = Distribution Water **Lead Filter Device: BP = Bypass, LO = Left On, R = Removed and ND = No Device Residential											

This document is issued by the Company under its General Conditions of Service accessible at http://www.sgs.com/terms_and_conditions.htm. (Printed copies are available upon request.) Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein.