

Analysis Request Form “Raw water inorganics”

- **Form header:** This section is reserved for the [accredited laboratory](#) mandated by the responsible of the drinking water production facility. The laboratory must enter the **date of reception of the sample** on the analysis request form and assign a **specific number** to it.

The following information **must be provided** at the time of **sampling**, prior to forwarding samples to the accredited laboratory that is mandated to analyze them.

- **Responsible:** Person in charge (operator or owner) of the production facility.

Responsible _____	
A) Name and address of responsible	B) Results mailing address (if different from responsible's address)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>

Name and address of responsible: This section must be carefully filled out. The name and full address of the responsible of the **production facility** must be listed here.

Results mailing address (if different from the responsible’s address): Information required if the analysis results are to be sent to a different address.

Telephone number: A telephone number where the responsible can be reached at all times must be listed.

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- **Production facility:** Identification of the drinking water production facility for which the sample is collected. This section must be filled out carefully, since it provides the production facility’s administrative identification number.

Production facility _____	
Production facility #:	<input type="text"/> Production facility name: <input type="text"/>
Administrative region:	<input type="text"/>
Municipality:	<input type="text"/>

Production facility number: The drinking water production facility number is its unique identifier in the Ministère [SEP](#) system. Each drinking water production facility has a unique number.

Production facility name: Drinking water production facility names usually begin with the words “Système d’approvisionnement,” “Installation de production”, “Poste d’eau potable” or “Station de purification.”

Administrative region: This is the reference region for the municipality where the production facility is located.

Municipality: The municipality where the production facility is located.

IMPORTANT: The production facility number must be listed on each analysis request form that accompany samples of raw water.

Please contact the appropriate [regional office](#) of the Ministère to learn what information is required in this section.

➤ **Sample:** This section of the form must be filled out with care, because it **legally binds the sample collector**. Submission of **unsigned** analysis request forms or forms on which the **sample** section is incomplete or has errors could lead to the sample being rejected and even put the responsible in a regulatory non-compliance position.

Sample _____			
Sampling date:	<input type="text"/>	Sampling location:	<input type="text"/>
			<small>(If known, state the number and/or name of the water catchment site)</small>
Sampled/measured by:	<input type="text"/>		

Sampling date: This is the reference date for determining sample storage, analysis and results submission deadlines.

Sampling location: This is the exact address where the sample was collected. In the case of **raw surface water**, this could be the name of the water body if separate samples are taken at each water catchment site that feeds the production facility. If known, the number or name of the water catchment site should be entered.

Sampled/measured by: This identifies the **sample collector**, whose name must be readable.

Type of sampling location:	<input type="checkbox"/> Raw water (Phosphorous samples must be collected from surface water)
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This box must be checked on the form for the sample to be admissible.

- Raw water:** There is only one box to be checked for samples of **raw water**. It is important that the water sample is collected prior to any treatment or chemical dosage, in compliance with **Division II, Schedule 4** of the [Regulation respecting the quality of drinking 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).

Signature: In order to comply with **section 30** of the [Regulation respecting the quality of drinking water](#), the analysis request form **must be signed by the previously identified sample collector**.

- **Analysis results:** The sample collector must specify the type of analyses required.

Analysis results _____

Type(s) of analyses required:

Total phosphorous - section 22.0.2

- Total phosphorus–Sect. 22.0.2:** If the sample was collected for **seasonal monthly control** (May to October inclusively) **of total phosphorus in raw surface water** as prescribed by **section 22.0.2** of the [Regulation respecting the quality of drinking water](#), **the sample collector must so stipulate by checking this box**. The only parameter to be analyzed in this case is **total phosphorus**.

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

The accredited laboratory may use the specification grid to send the results of analysis of a given sample to the responsible. However, pursuant to section 33 of the [Regulation respecting the quality of drinking water](#), electronic submission of these results to the Ministère [SEP](#) system remains mandatory.

- **Test laboratory report:** This section is reserved for the [accredited laboratory](#) mandated to analyze the samples. **The sample collector should not write anything in this section.**

Test laboratory report

Rejected sample bottle(s):

Reason for rejection:

Remarks:

Test laboratory accreditation #:

Name and address of test laboratory

Analysis report date:

Name:

Address:

Signature:

Telephone: