

Analysis Request Form

Inorganics

Date of reception by laboratory:

Laboratory sample #:

Responsible

A) Name and address of responsible

Name:

Address:

Telephone:

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

Name:

Address:

Telephone:

Distribution system

Distribution system #:

Distribution system name:

Administrative region:

Municipality:

Sample

Sampling date:

Sampling location:

Sampled/measured by:

Type of sampling location:

- Distribution system outermost limit Distribution system Water tank truck Reservoir outlet where the tank truck is supplied with water

Compliance with the lead and copper sampling specifications
(Schedule 4 - sect. 2.1)

- Yes (First liter of water collect after 30 minutes of stagnation)
 No

Back to compliance sample

pH (on site) :

 u

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:

- Inorganics – Sect. 14
- Bromates - Sect. 15
- Nitrates/nitrites - Sect. 14
- Turbidity - Sect. 21
- Lead and copper - Sect. 14.1
- Chlorites/chlorates - Sect. 15
- Non- RRQDW monitored analysis

NB: Parameters shown in grey are not part of the regulatory control process.

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #	Sample #				
11			<input type="checkbox"/> Barium (mg/l)		<input type="checkbox"/> Boron (mg/l)	
			<input type="checkbox"/> Cadmium (mg/l)		<input type="checkbox"/> Chrome (mg/l)	
			<input type="checkbox"/> Lead (mg/l)		<input type="checkbox"/> Lead- First liter after 30 min. stag. (mg/l)	
11 - 16 - 27			<input type="checkbox"/> Copper (mg/l)		<input type="checkbox"/> Copper-First liter after 30 min. stag (mg/l)	
12			<input type="checkbox"/> Mercury (mg/l)			
13			<input type="checkbox"/> Arsenic (mg/l)		<input type="checkbox"/> Selenium (mg/l)	
14			<input type="checkbox"/> Uranium (mg/l)			
15			<input type="checkbox"/> Cyanides (mg/l)			
15 - 18			<input type="checkbox"/> Turbidity (NTU)			
15 - 21			<input type="checkbox"/> Nitrates/Nitrites (expressed as N) (mg/l)			
15 - 29			<input type="checkbox"/> Fluorides (mg/l)		<input type="checkbox"/>	
151			<input type="checkbox"/> Chlorates (mg/l)		<input type="checkbox"/> Chlorites (mg/l)	
17			<input type="checkbox"/> Nitrites (expressed as N) (mg/l)			
19			<input type="checkbox"/> Bromates (mg/l)			
28			<input type="checkbox"/> Antimony (mg/l)			

Test laboratory report

Rejected sample bottle(s) Reason for rejection:

Remarks:

Test laboratory accreditation #: Name and address of test laboratory

Analysis report date: Name:

Signature: Address:

Telephone: