



WORK ORDER CHAIN OF CUSTODY FORM

ACR 23
Form # 24
Policy # 12

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CUSTOMER INFORMATION

Customer name & address:

Email:

Tel:

Fax:

Customer contact:

Lab contact:

Purchase order no.: _____
Sample identification (enter on page 2) _____
Analysis/test(s) required (enter on page 2) _____
Sample status Legal Regular
(check box):
Analysis Category: Microbiology
(check all that apply) Chemistry
 ISO 17025
Required Turnaround:
 Rush*
 Normal

Sample matrix (check box): potable water effluent food swab sludge
 waste water liquid feed sponge other:
 ground water air powder soil

Batch no.: _____
Sampling location: _____
Sample collected by (name): _____
Date of collection (YY/MM/DD): _____
Time of collection: _____ (AM / PM)
Temperature at Collection: _____

Storage conditions during transportation (e.g. ice pack, dry ice, ambient, frozen): _____
Company (if sample collected by a third party): _____
Work order completed by (name): _____

Sample treatment None PBR container used
 Filtered Dried
 Ground Other: (provide details on back)

Disclaimer: PBR shall not be responsible for failure or delay in performance of its obligation due to causes beyond its reasonable control.

Additional comments: _____

Signature: _____
Date (YY/MM/DD): _____

LAB INFORMATION (to be completed by the lab)

Sample received in the lab by: _____
Sample temperature when received: _____
Sample location in the lab: _____
Sample Log-in Completed by: _____
Name of Analyst(s): _____

Work Order No.: _____
Receipt date (YY/MM/DD): _____
Receipt time (am/pm): _____
Sample log-in date (YY/MM/DD): _____
Report No. (upon completion): _____

Note: After completion, send one copy of this form to the customer (if requested) and file the original in the Work Order Form binder.
Comments: _____

Work Order Complete: DLO (sign): _____ Date (YY/MM/DD): _____

* - Rush samples will be expedited as quickly as the protocols allow.

PBR has accreditation from Standards Council of Canada (SCC) under the International Standard ISO/IEC 17025 (CAN-P-4E) for the registered tests.

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**WORK ORDER
CHAIN OF CUSTODY FORM**

| SAMPLE IDENTIFICATION AND ANALYSIS/TEST(S) REQUIRED AND PERFORMED | | | | | | | | | |
|--|---------------------------|-----------------------|----------------|--------------|-------------------|-------------------------------|---------------|------------------|---------------|
| # | Client Code/ Sample ID | Sample type or Matrix | Batch or Lot # | # of bottles | Additive (if any) | Analysis/ test(s) required | Date complete | Analyst initials | Data Binder # |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |