Sample Receipt Confirmation

Report Distribution:

Company Name: Municipality of Sanikiluaq
Contact: MOSES NOVALINGA
Address: PO Box 157,
Sanikiluaq, NU, X0A 0W0
Phone: 867-266-7900
Fax: 867-266-7924
Email: sanisao@qiniq.com
broy@gov.nu.ca
cvanlankveld1@gov.nu.ca
sanilands@qiniq.com
sanisrec@qiniq.com
Report Name: STANDARD
Digital Type: --
Digital Email: --
Distribution: Hard Copy: N Email: Y Fax: Y

Invoice Distribution:

Acct Name: Municipality of Sanikiluaq
Contact: Accounts Payable
Address: PO Box 157,
Sanikiluaq, NU, X0A 0W0
Phone: 867-266-7900
Fax: 867-266-7924
Invoice Email: sanisao@qiniq.com
Project #: N/A
Account #: W10375

Client Information:

Job Reference #: SANIKILUAQ WTP - DRINKING WATER
Project PO #:
Legal Site Description: N/A
Quote #: N/A
Date Sampled: 21-JAN-13
Date Received: 22-JAN-13
Sampled By: Moses
Chain Of Custody: --

Workorder Summary:

Lab Work Order #: **L1260495**
Estimated completion date: 25-JAN-13
5 Samples received at ALS in **WINNIPEG**
Client Job #: SANIKILUAQ WTP - DRINKING WATER
Account Manager: Paul Nicolas
Estimated sample disposal date: 24-FEB-13

Lab Sample ID	Client Sample ID	Date Sampled	Date Received	Sample Due Date	Priority Flag	Sample Type
L1260495-1	TRUCK NOZZLE	21-JAN-13 11:45	22-JAN-13 12:00	25-JAN-13		Water
L1260495-2	PAATSAALIK SCHOOL	21-JAN-13 11:40	22-JAN-13 12:00	25-JAN-13		Water
L1260495-3	NUIJAK SCHOOL	21-JAN-13 10:26	22-JAN-13 12:00	25-JAN-13		Water
L1260495-4	HEALTH CENTRE	21-JAN-13 10:20	22-JAN-13 12:00	25-JAN-13		Water
L1260495-5	HAMLET OFFICE	21-JAN-13 12:35	22-JAN-13 12:00	25-JAN-13		Water

Analysis Requested :	Total Coliform and E.coli	Sample Handling and Disposal Fee
TRUCK NOZZLE	✓	✓
PAATSAALIK SCHOOL	✓	✓
NUIJAK SCHOOL	✓	✓
HEALTH CENTRE	✓	✓
HAMLET OFFICE	✓	✓

Sample Integrity Observations: No observations were identified for this work order submission.

ALS Group strives to deliver on-time results to our clients at all times. However, there are times when due to capacity issues or other unforeseen circumstances we are unable to meet our expected turnaround times. The information above is related to a recent workorder you have submitted to our laboratory. In the event that you have an inquiry, please refer to the Lab Work Order # when calling your Account Manager.

ALS Environmental

Chain of Custody / Analytical Request Form

L1260495

COC # _____

Page ___ of ___

L1260495-COFC

Report To				Service Requested (Rush for routine analysis subject to availability)
Company:	Municipality of SANIKILUAQ (W10375)			◉ Regular (Standard Turnaround Times - Business Days)
Contact:	MOSES NOVALINGA		☐ Digital ☑ Fax	○ Priority (2-4 Business Days) - 50% Surcharge - Contact ALS to Confirm TAT
Address:	Box 157	Email 1:	sanisao@qiniq.com	○ Emergency (1-2 Bus. Days) - 100% Surcharge - Contact ALS to Confirm TAT
	Sanikiluaq, NU, X0A 0W0	Email 2:	sanirec@qiniq.com	○ Same Day or Weekend Emergency - Contact ALS to Confirm TAT
Phone:	867-266-7900 Fax: 867-266-7924	Email 3:	cvantankveld1@gov.nu.ca	
Invoice To	Same as Report ? ☐ Yes ☐ No	Client / Project Information		Analysis Request
Hardcopy of Invoice with Report?	☐ Yes ☐ No	Job #:	SANIKILUAQ WTP - DRINKING WATER	Please indicate below Filtered, Preserved or both (F, P, F/P)
Company:	(W10375)	PO / AFE:		
Contact:		LSD:		
Address:				
Phone:	Fax:	Quote #:		
Lab Work Order # (lab use only)		ALS Contact:	Sampler: MOSES	

Sample #	Sample Identification (This description will appear on the report)	Date (dd-mmm-yy)	Time (hh:mm)	Sample Type	TC,EC-QT51-WP	ROU4W+MET-T-WP (chem)	COLOUR-TRUE-WP	Number of Containers
1)	Truck Nozzle	21-01-13	11:45 AM	HO-42				
2)	Paatsaalik school	"	11:40 AM	LAUNDRY RM				
3)	Nuijak school	"	10:26 AM	STAFF ROOM				
4)	Health Centre	"	10:20 AM	SOCIAL SERVICE RM				
5)	Hamlet office	"	12:35 AM	HALLWAY				

Special Instructions / Regulations with water or land use (CCME-Freshwater Aquatic Life/BC CSR - Commercial/AB Tier 1 - Natural, etc) / Hazardous Details

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

By the use of this form the user acknowledges and agrees with the Terms and Conditions as provided on a separate Excel tab.

Also provided on another Excel tab are the ALS location addresses, phone numbers and sample container / preservation / holding time table for common analyses.

SHIPMENT RELEASE (client use)			SHIPMENT RECEPTION (lab use only)				SHIPMENT VERIFICATION (lab use only)			
Released by:	Date (dd-mmm-yy)	Time (hh-mm)	Received by:	Date:	Time:	Temperature:	Verified by:	Date:	Time:	Observations: Yes / No ? If Yes add SIF
			SA	Jan 22/13	12:00PM	4.2 °C				