## **Ministry of the Environment**

## Ontario Regulation 243/07 Lead in Drinking Water (Schools, Private Schools and Day Nurseries)

## Submission and Chain of Custody Form for Licensed Laboratories

Page

Lead in Flushed & Standing Drinking Water Samples

• Shaded areas for Laboratory use only

Submission ID

Copy second page for additional samples
 Sample Submission Information

	☐ Regulated School Samples		1 of Priority					
	;		. noney					
	☐ Regulated Private School Samples ☐ Regulated Day Nurseries Samples							
NOTE: All samples submitted a								
Regulated School, Private Scho Where lead test results are found report the adverse test results as	to exceed the Ontario Drinking Wa per the SDWA 2002 using the Min	nter Samples - L ter Quality Standa stry's Laboratory	ard (10 µg/L) Exceedance	, licensed labo Notification F	form (LEN). Laboratories			
,	submit these regulated results (wh			nistry as per o	direction.			
Sample Submission Comments		Date of Sample	Date of Sample Submission  YYYY MM DD Time (hh:mm) am/pm					
		1111	IVIIVI	DD	Time (hh:mm) am/pm			
Facility Name & Address		SFIS# (or Private School/Day Nursery Identifier) & Drinking Water System#						
Tel.No. (Area Code)		Fax.No. (Area Code) E-mail Address						
Submitted by (Last Name, First Name)		Signature X						
Received by (Last Name, First Name)	Signature X							
Request for Lead Analy	rsis							
•	les are being submitted as per direct	ion of Local Public	Health Unit (	PHU)				
Sample Type:	· · ·		·	·				
☐ Regulated Flushed Sample	☐ Regulated Flushed Sample ☐ Linked Resample* * Was Resample Submitted as Directed by PHU? ☐ Yes ☐ No							
☐ Regulated Standing Sample	☐ Linked Resample**	esample Submitted	as Directed by	PHU? 🗆 Ye	s 🗆 No			
Sample Collection Comments								
		YYYY	MM	DD	Time (hh:mm) am/pm			
Field Sample ID	Sample No.	Containers Sent		Containe	Containers Missing			
Sample Location Description (please	be as specific as possible)							

Sample Submission (please check all that apply in submission):

Request for Lead Analysis									
NOTE: Please check below if sa	mples are being submitted a	as per directio	n of Local Public	Health Unit (F	PHU)				
Sample Type:									
☐ Regulated Flushed Sample	☐ Linked Resample*	* Was Resa	as Resample Submitted as Directed by PHU?						
☐ Regulated Standing Sample	☐ Linked Resample**	* * Was Res	sample Submitted as Directed by PHU?  Yes  No						
Sample Collection Comments			Date of Sample Collection						
			YYYY	MM	DD	Time (hh:mm) am/pm			
Field Sample ID	Sample No.		Containers Sent Containers Missing			Missing			
Sample Location Description (plea	ise be as specific as possible	)							
Request for Lead Ana	alveie								
NOTE: Please check below if sa	<u> </u>	as ner direction	n of Local Public	Health Unit (F	PHII)				
Sample Type:	mples are being submitted t	as per allegation	ii oi Loodi i dollo	riculai Oille (i	110)				
☐ Regulated Flushed Sample	☐ Linked Resample*	* Was Resa	mple Submitted a	s Directed by P	HU? □Yes	$\square_{No}$			
☐ Regulated Standing Sample	☐ Linked Resample**  ** Was Resample Submitted as Directed by PHU? ☐ Yes ☐ No								
Sample Collection Comments			Date of Sample Collection						
			YYYY	MM	DD	Time (hh:mm) am/pm			
Field Sample ID	Sample No.		Containers Ser		Containers Missing				
Sample Location Description (plea	ise be as specific as possible,	)							
Request for Lead Ana	alveie								
NOTE: Please check below if sa	-	as per direction	n of Local Public	: Health Unit (F	PHU)				
Sample Type:	p				,				
☐ Regulated Flushed Sample	☐ Linked Resample*	* Was Resa	mple Submitted a	s Directed by P	HU? □Yes	$\square_{No}$			
☐ Regulated Standing Sample	e ☐ Linked Resample** * * Was Resample Submitted as Directed by PHU? ☐ Yes ☐ No								
Sample Collection Comments			Date of Sample Collection						
			YYYY	MM	DD	Time (hh:mm) am/pm			
Field Sample ID	Sample No.		Containers Sent		Containers Missing				
Sample Location Description (plea	ise be as specific as possible	)							

Please photocopy this page if more space is needed