

- Shaded areas for Laboratory use only
- Copy second page for additional samples

Sample Submission Information		
Submission ID	Sample Submission (please check all that apply in submission): <input type="checkbox"/> Regulated School Samples <input type="checkbox"/> Regulated Private School Samples <input type="checkbox"/> Regulated Day Nurseries Samples	Page 1 of
		Priority

NOTE: All samples submitted are samples for human consumption only.

Regulated School, Private School and Day Nursery Drinking Water Samples – Lead Analysis

Where lead test results are found to exceed the Ontario Drinking Water Quality Standard (10 µg/L), licensed laboratories are required to report the adverse test results as per the *SDWA 2002* using the Ministry's *Laboratory Exceedance Notification Form (LEN)*. Laboratories are also required to electronically submit these regulated results (whether adverse or not) to the Ministry as per direction.

Sample Submission Comments	Date of Sample Submission			
	YYYY	MM	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 Analysis

NOTE: Please check below if samples are being submitted as per direction of Local Public Health Unit (PHU)

Sample Type:				
<input type="checkbox"/> Regulated Flushed Sample	<input type="checkbox"/> Linked Resample*	* Was Resample Submitted as Directed by PHU?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Regulated Standing Sample	<input type="checkbox"/> Linked Resample**	** Was Resample Submitted as Directed by PHU?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (please be as specific as possible)

Request for Lead Analysis

NOTE: Please check below if samples are being submitted as per direction of Local Public Health Unit (PHU)

Sample Type:

- Regulated Flushed Sample Linked Resample* * Was Resample Submitted as Directed by PHU? Yes 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 Sent		Containers Missing	
Sample Location Description (<i>please be as specific as possible</i>)					

Request for Lead Analysis

NOTE: Please check below if samples are being submitted as per direction of Local Public Health Unit (PHU)

Sample Type:

- Regulated Flushed Sample Linked Resample* * Was Resample Submitted as Directed by PHU? Yes 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 Sent		Containers Missing	
Sample Location Description (<i>please be as specific as possible</i>)					

Request for Lead Analysis

NOTE: Please check below if samples are being submitted as per direction of Local Public Health Unit (PHU)

Sample Type:

- Regulated Flushed Sample Linked Resample* * Was Resample Submitted as Directed by PHU? Yes 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 Sent		Containers Missing	
Sample Location Description (<i>please be as specific as possible</i>)					

Please photocopy this page if more space is needed