Manitoba
Water Stewardship

ALS Laboratory Group
ANALYTICAL CHEMISTRY & TESTING SERVICES
Environmental Division

Ship To: 1329 Niakwa Road East, Unit 12
Winnipeg, MB R2J 3T4 (204) 255-9720

Bacteria Sampling Only

For Laboratory use only

Condition of samples upon receipt

Acceptable [ ] Not acceptable [ ]

Comments_____

Average temperature _____ Deg C

Login Number _____

Date Received _____

Time Received _____

Received By _____

To be completed by client. The Province of Manitoba reserves the right to refuse credits if this form is incompletely filled.

ODW Code:	Water System Name:	Regional Drinking Water Officer:
Date sampled:	Contact Name:	MB Approval ID:
Time sampled: AM / PM	Phone:	Phone:
Is the system under a boil water advisory? YES NO	Email addresses:	
Emergency contact name phone number 1.	Street Address:	***Additional notes(e.g. any information incorrect on form).***
Emergency contact name phone number 2.	City/Town:	
	Postal Code:	
Sampler's signature	FAX:	
Is this a Re-Sample? YES NO	Customer Number:	

LAB USE ONLY

Fraction	Sample Identification	Free Chlorine	Total Chlorine	Analysis