Manitoba Sustainable Development
Office of Drinking Water
1007 Century Street, Winnipeg, Manitoba,
Canada R3H 0W4

Chain of Custody (COC)
Manitoba Drinking Water Systems
ONLY FOR: Disinfection By-Product Samples

Report to Operator (email pdf):		Owner billing (Email):		Regular Service (default):	Regular Service (is 5-7 Days):
Contact:		Contact:			
Address:		Address:			☐ **1 Day, rush / priority**
Phone:		Phone:		**Unless otherwise requested:**	☐ **2 Day, rush / priority**
Email:		Email:			☐ **3 Day, rush / priority**

Operator contact update (if different than above):		Owner contact update (if different than above):		Email pdf copy to:	
Contact:		Contact:		DWO:	
Address:		Address:		DWO Address:	
Phone:		Phone:		DWO Phone:	
Email:		Email:		DWO Email:	

Account:		ODW Report type:	**EMS (Lab-MWS)**	Client / Project Information:		Analysis Request							
Agency Code:	**382**	Project:	**DWQ-C**	Operation Name:									
Lab:		Lab Work Order # / Job # (lab use only)		Operation Code (com code):									
				Operation Id:									
				Sampled by:									

Lab Sample # (lab use only)	Sample Number (YYMMII9999)	Station Number (MB99XXD999) / (MB99XXY999)	Sample Identification	Date dd-mmm-yyyy	Time hh:mm	Sample Matrix	Sample Type	MB-THM-PWS	MB-HAA-PWS	MB-Chlorate-PWS	MB-Chlorite-PWS	MB-Bromate-PWS	MB-Nitrate-PWS	MB-NDMA-PWS	Number of Containers
						9	1								
						9	1								

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 specified by the Laboratory.

For ALL other testing, please use Laboratory specific forms.

DO NOT COPY or RE-USE this form. Sample Numbers are unique to the Office of Drinking Water and provided by DWO.

Relinquished By:		Date & Time:		Received By: (lab use only)		Date & Time: (lab use only)		Sample Condition (lab use only)	
Relinquished By:		Date & Time:		Received By: (lab use only)		Date & Time: (lab use only)		Temperature	Samples Received in Good Condition? Y / N (if no provide details)

Operator mandatory   Operator optional   Operator to fill, if information above has changed   Opr to fill, Lab specific   pre-filled by DWO