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**CHAIN OF CUSTODY**

Page \_\_\_\_ of \_\_\_\_

Facility Name:		<b>ANALYSIS REQUESTED</b>											Laboratory File ID:				
Client Address:		% UV Transmittance, %UV Filtered Transmittance Total Suspended Solids (ppm) Collimated Beam Analysis Particle Size Analysis (PSA) Iron (ppm) Hardness (gpg) Turbidity (NTU) Total Dissolved Solids (ppm) Tannins (ppm) Residential Analysis (%UVT, Fe, Turbidity, Hardness)												Site/Project Name:			
Tel:														Treatment Process:			
Fax:														Disinfection Limit:			
Email:														Flow Rate:			
*Trojan Sales:														Trojan System:			
*Local Trojan Rep:														Design Dose:			
*Engineering Firm:																	
SAMPLE IDENTIFICATION		# of Bottles	Please Check Requested Analysis											Collection Date/Time	Weather	Lab Sample Number	
1-																	
2-																	
3-																	
4-																	
5-																	
6-																	
7-																	
8-																	
9-																	
10-																	
<b>Turnaround Time:</b> <input type="checkbox"/> Normal (5 to 10 Working Days) <input type="checkbox"/> Rush (24-48 Hours)		<b>Sampler Must Print &amp; Sign Below</b> Collected By (print): _____ Signature: _____ Relinquished To (print): _____ Signature: _____ Date (yr/mn/dy): _____ Time: _____											<b>Laboratory Use Only</b> Received By: _____ Received Date (yr/mn/dy): _____ Received Time: _____ Received Temperature (°C): _____ Comments: _____				
<b>Special Instructions:</b> _____ _____																	

\*At least one of these fields must be filled in