

Drinking Water Sample Submission Form



Job Number:

Client Information			
Company		Submitted by	
Primary Contact		Phone No.	
Phone No.		Date of submission	
Email		Time of submission	
Postal address		Supplier (Y/N)	
		Registered (Y/N)	
Order Number			
Invoice Email address			

Whatever is contained in this form is subject to the following

1. Water Testing HB accepts that the water samples provided, originates from the relevant sampling point(s) as indicated on the relevant sample bottles provided;
2. Water Testing HB accepts that all samples from external sources are correctly labelled and accurate;
3. Water Testing HB shall not be responsible for human and/or technical errors that could not have been foreseen;
4. This document is solely for the use of the addressee and only in connection for the purpose set out in this document. In no event shall Water Testing HB assume liability or responsibility to any third party to which this document is disclosed or otherwise made available;
5. Water Testing HB reserves the right to decline testing of samples;
6. No guarantees are made with regards to turn-around time and results, and no liability will be accepted for any delays.
7. Water Testing HB reserves the right to subcontract samples to an approved laboratory (as determined by Water Testing HB).

I accept and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE of Water Testing HB (2016) Limited T/A Water Testing Hawkes Bay which form part of and, are intended to be read in conjunction with this Sample Submission Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CUSTOMER): _____
 Name: _____
 Position: _____
 Date: _____

SIGNED (WATER TESTING HB): _____
 Name: _____
 Position: _____
 Date: _____

Priority: Normal Urgent (extra charge may apply)

**sample that has been taken directly from the source, pretreatment.*

No.	Sample Name	Sample Date	Sample Time	Source* (Y/N)	Treated (Y/N)	Tests Required
1						
2						
3						
4						
5						
6						

7						
---	--	--	--	--	--	--

Under clause 73(2) of the Water Services Act 2021 the laboratory is required to notify all non-compliant drinking water results to Taumata Arowai as soon as practicable after the results are known.

No.	Sample Name	Sample Date	Sample Time	Source* (Y/N)	Treated (Y/N)	Tests Required
8						
9						
10						
11						
12						
13						
14						
15						

Under clause 73(2) of the Water Services Act 2021 the laboratory is required to notify all non-compliant drinking water results to Taumata Arowai as soon as practicable after the results are known.

Sample Reception use only

Sample received within an hour	YES / NO
Sample arrived in cold chilly bin	YES / NO
Approved sample containers used	YES / NO
Temperature on arrival	

Do Samples Meet necessary requirements

(if **NO** select applicable and add a comment to the report)

YES	NO
-----	----

Sample arrive outside 24hrs of sampling

Temperature conditions not met*

Inappropriate sample container(s) used

Additional Information/Comments:

Samples received, and laboratory numbers assigned by: _____

Verified by: _____

*Compliance samples should be <10°C if submitted after 1 hour from sampling or, should be colder than when sample was taken – or received in chilly bin with ice/ icepacks.

