

# SAMPLE SUBMISSION FORM

Owner/Sender Information			
Company		New Customer/change in information - Please complete below	
Order number		Contact Name	
Sampler Name		Telephone No.	
Date and time of sampling		E-mail Address	
Date of Submission		Invoice email address	
Time of Submission		Postal address	
Number of Samples			

	Lab number	Sample ID	Sample type	Test required	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Under section 69ZZ (2) of the Health Act (1965) the laboratory is required to report any results that indicates any non-compliance with the MAVs to the DWA as soon as practicable after the test is completed.

### 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.

<b>SIGNED (CUSTOMER):</b> _____ Name: _____ Position: _____ Date: _____	<b>SIGNED (WATER TESTING HB):</b> _____ Name: _____ Position: _____ Date: _____
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### Office Use Only

**Job Number:**  **Compliance testing sample:**  YES  NO

**Sample received within the hour:**  YES  NO **Sample arrived in cold chilli bin:**  YES  NO

**Temperature of sample on arrival\***  **Own sample container used:**  YES  NO

**Do the samples meet all the necessary requirements to be processed? (Select applicable if NO):**  YES  NO

**Sample arrived outside 24 hrs of sampling**   
**Sample temp higher than temp when taken (compliance sample, after 1 hour of sampling)**   
**Inappropriate sample container(s) used**

**Other (Comment):** \_\_\_\_\_

**Samples received, and laboratory numbers assigned by:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

\*Compliance samples should be colder than when sample was taken – or received in chillibin with ice/ icepacks. Non-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 chillibin with ice/ icepacks.