Guide To Completing A Sample Submission Sheet

Sample Name / Sample Point
This should be the sample name or if we have pre-agreed set sample points the sample point ref can be entered here NB the name given here will appear on the analytical report produced by NWSS.

Sampler
Enter the initials of the person who took the sample.

Sample Comments
If you need to advise us of further details pertaining to a sample please detail this here.

On-Site Results
In some cases NWSS will agree to register results of onsite test carried out by clients so that they are included on the final test certificate. If this has been agreed then the onsite results should be entered here.

Sample Matrix
Please use this to indicate the type of sample submitted as this will determine the correct method to be used for analysis. NWSS currently has multiple methods for a variety of analysis eg we currently have 20 methods for the determination of ammonium

Analysis / test schedule required
Within your quotation NWSS will have set up test schedules to meet your analytical requirements. Use this cell to enter either the test schedule name or the associated code for the required analysis.

Date & Time sample taken
Please enter the date and time the sample was taken. It is vital you provide this information as most determinands have a stability limit (detailed on your quotation). Samples received without a relevant date sampled may be classed as deviating and as such, this may jeopardise the validity of the reported test results.

NWG / COMMERCIAL SAMPLE SUBMISSION SHEET

NWG living water
Tel: 0191 296 8366
Email: nwss.customer@nwl.co.uk

CLIENT		NWSS CONTRACT REF	
CLIENT PROJECT MANAGER		NWSS PROJECT MANAGER	
TEL		AGREED TURNAROUND	

MATRIX CODE (SEE BELOW)	SAMPLE NAME / SAMPLE POINT	SAMPLER	SAMPLE COMMENTS	ON-SITE RESULTS	ANALYSIS / TEST SCHEDULE REQUIRED	DATE SAMPLED	TIME SAMPLED	NWSS LAB No.

ADDITIONAL INFORMATION	HAZARD DATA		
	Detail any health or reactive hazards associated with your samples. Enclose Material Safety Data Sheets where appropriate.	ENTERED BY:	DATE
		NO. OF SAMPLES CORRECT?	
		IF NO THEN REPORTED TO:	

Invoicing Information
Samples without a valid PO no & invoice address will not be analysed until this information is provided. This may delay reporting of your results.
Name & signature of person submitting samples must also be provided.

CHAIN OF CUSTODY		
Relinquished By	Date	Received By
Relinquished By	Date	Received By
Relinquished By	Date	Received By

MATRIX CODES	
DW: Drinking Water	TE: Trade Effluent
SW: Surface Water	USEW: Untreated Sewage
GW: Ground Water	TSEW: Treated Sewage
PW: Process Water	LL: Land Leachate
REC: Recreational Water	PL: Prepared Leachate
HW: Healthcare Water	O: Other (please specify)

Purchase Order Number / WRN

Invoice Address

Name: Signature:

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