



TAIGA ENVIRONMENTAL LABORATORY – FIELD SHEET

4601 – 52 Avenue, Yellowknife, NT, X1A 2L9 • Tel: (867) 767-9235 • Fax: (867) 920-8740 • email: taiga@gov.nt.ca

Send Results and Invoice to:

(Please notify if results or invoice are to be sent to different locations)

Company/Agency:

Address:

City/Town:

Province/Territory:

Postal Code:

Phone:

Fax:

E-mail: Environmental_Health@gov.nt.ca

Signature:

Client Project No.:

Date Collected:

Time Collected:

Sampler:

Location:

Rush Required:

☐ Yes ☐ No

Note:

Analysis may be subcontracted without prior notice.
See reverse for how to complete form and sampling protocols.

Laboratory Use Only

Date Received:

Received By:

Comments:

WATER SAMPLES

Sample Type (freshwater, sewage, wastewater, potable, groundwater, salt water, etc.)	Drinking water (raw)	Drinking water (treated)	
Client Sample ID (as it should appear on final report)	1	2	
Taiga Sample ID (Laboratory Use Only)			













Bottle Type and Parameter

[v] PLEASE CHECK PARAMETERS REQUESTED BELOW:

Routine	pH, Conductivity, Alkalinity	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Cond	<input checked="" type="checkbox"/> Alk	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Cond	<input checked="" type="checkbox"/> Alk	<input type="checkbox"/> pH	<input type="checkbox"/> Cond	<input type="checkbox"/> Alk						
	Individual Anions Suite <input type="checkbox"/>	<input checked="" type="checkbox"/> Cl	<input checked="" type="checkbox"/> SO ₄	<input checked="" type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input checked="" type="checkbox"/> NO ₃ -N	<input checked="" type="checkbox"/> Cl	<input checked="" type="checkbox"/> SO ₄	<input checked="" type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input checked="" type="checkbox"/> NO ₃ -N	<input type="checkbox"/> Cl	<input type="checkbox"/> SO ₄	<input type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input type="checkbox"/> NO ₃ -N
	Total Nitrite (NO ₂) + Nitrate (NO ₃)	<input type="checkbox"/> NO ₂ -N + NO ₃ -N					<input type="checkbox"/> NO ₂ -N + NO ₃ -N					<input type="checkbox"/> NO ₂ -N + NO ₃ -N				
	Individual Cations Suite <input type="checkbox"/>	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input checked="" type="checkbox"/> Na	<input type="checkbox"/> K	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input checked="" type="checkbox"/> Na	<input type="checkbox"/> K	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input type="checkbox"/> Na	<input type="checkbox"/> K			
	Hardness (Calculated)	<input checked="" type="checkbox"/> Hardness					<input checked="" type="checkbox"/> Hardness					<input type="checkbox"/> Hardness				
	Reactive Silica	<input type="checkbox"/> SiO ₂					<input type="checkbox"/> SiO ₂					<input type="checkbox"/> SiO ₂				
	Colour	<input type="checkbox"/> Apparent		<input checked="" type="checkbox"/> True			<input type="checkbox"/> Apparent		<input checked="" type="checkbox"/> True			<input type="checkbox"/> Apparent		<input type="checkbox"/> True		
	Laboratory Use Only	Received:		<input type="checkbox"/> Y <input type="checkbox"/> N			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N		
Nutrients	Chlorine: Total, Residual	<input type="checkbox"/> T. Cl		<input type="checkbox"/> R. Cl			<input type="checkbox"/> T. Cl		<input type="checkbox"/> R. Cl			<input type="checkbox"/> T. Cl		<input type="checkbox"/> R. Cl		
	Chemical Oxygen Demand	<input type="checkbox"/> COD					<input type="checkbox"/> COD					<input type="checkbox"/> COD				
	Turbidity	<input checked="" type="checkbox"/> Turbidity					<input checked="" type="checkbox"/> Turbidity					<input type="checkbox"/> Turbidity				
	Total Suspended Solids, Dissolved Solids	<input checked="" type="checkbox"/> TSS		<input checked="" type="checkbox"/> TDS			<input checked="" type="checkbox"/> TSS		<input checked="" type="checkbox"/> TDS			<input type="checkbox"/> TSS		<input type="checkbox"/> TDS		
	Ammonia	<input type="checkbox"/> NH ₃ -N					<input type="checkbox"/> NH ₃ -N					<input type="checkbox"/> NH ₃ -N				
	Phosphorus: Total, Dissolved, Ortho	<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP		<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP		<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP				
	Carbon: Total, Dissolved	<input checked="" type="checkbox"/> TOC		<input checked="" type="checkbox"/> DOC			<input checked="" type="checkbox"/> TOC		<input checked="" type="checkbox"/> DOC			<input type="checkbox"/> TOC		<input type="checkbox"/> DOC		
	Nitrogen: Total, Dissolved	<input type="checkbox"/> TN		<input type="checkbox"/> DN			<input type="checkbox"/> TN		<input type="checkbox"/> DN			<input type="checkbox"/> TN		<input type="checkbox"/> DN		
Visible Oil and Grease	<input type="checkbox"/> Visible					<input type="checkbox"/> Visible					<input type="checkbox"/> Visible					
Laboratory Use Only	Received:		<input type="checkbox"/> Y <input type="checkbox"/> N			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N			
Sterile	Fecal Coliforms (FC)	<input type="checkbox"/> FC					<input type="checkbox"/> FC					<input type="checkbox"/> FC				
	Total Coliforms (TC), E. Coli (EC)	<input type="checkbox"/> TC		<input type="checkbox"/> EC			<input type="checkbox"/> TC		<input type="checkbox"/> EC			<input type="checkbox"/> TC		<input type="checkbox"/> EC		
	Enterococci (EN)	<input type="checkbox"/> EN					<input type="checkbox"/> EN					<input type="checkbox"/> EN				
	Laboratory Use Only	Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C		
		Sterile Container:		<input type="checkbox"/> Y <input type="checkbox"/> N			Sterile Container:		<input type="checkbox"/> Y <input type="checkbox"/> N			Sterile Container:		<input type="checkbox"/> Y <input type="checkbox"/> N		
Biochemical	Biochemical Oxygen Demand	<input type="checkbox"/> BOD					<input type="checkbox"/> BOD					<input type="checkbox"/> BOD				
	Carbonaceous BOD	<input type="checkbox"/> CBOD					<input type="checkbox"/> CBOD					<input type="checkbox"/> CBOD				
	Laboratory Use Only	Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C			Received:		<input type="checkbox"/> Y <input type="checkbox"/> N °C		
Metals	Please indicate if sample is preserved and/or filtered	<input type="checkbox"/> Pres		<input type="checkbox"/> Filt <input type="checkbox"/> Pres			<input type="checkbox"/> Pres		<input type="checkbox"/> Filt <input type="checkbox"/> Pres			<input type="checkbox"/> Pres		<input type="checkbox"/> Filt <input type="checkbox"/> Pres		
	ICP-MS(1): Cd, Cr, Cu, Co, Mn, Ni, Pb, Zn, Fe	<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved		
	ICP-MS(2): 25 element scan includes As (not included: B, Bi, Hg, Sn)	<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved		
	Individual Metals by ICP-MS (please circle each metal): Ag, A , As , B , Be , Bi , Cd , Co , Cr , Cs , Cu , Fe , Hg , Li , Mn , Mo , Ni , Pb , Rb , Sb , Se , Sn , Sr , Ti , Tl , U , V , Zn	<input checked="" type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input checked="" type="checkbox"/> Total		<input type="checkbox"/> Dissolved			<input type="checkbox"/> Total		<input type="checkbox"/> Dissolved		
	Laboratory Use Only	TM Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			DM Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			TM Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N		
	Hexane Extractable Material (O&G)	<input type="checkbox"/> HEM					<input type="checkbox"/> HEM					<input type="checkbox"/> HEM				
Laboratory Use Only	Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			Pres:		<input type="checkbox"/> Y <input type="checkbox"/> N			Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			
	BTEX, Purgeable HC (40mL x 2 vials)	<input type="checkbox"/> BTEX		<input type="checkbox"/> Purg HC			<input type="checkbox"/> BTEX		<input type="checkbox"/> Purg HC			<input type="checkbox"/> BTEX		<input type="checkbox"/> Purg HC		
	Extractable HC (1L amber glass bottle)	<input type="checkbox"/> Ext HC					<input type="checkbox"/> Ext HC					<input type="checkbox"/> Ext HC				
	Trihalomethanes (40 mL x 2 vials)	<input type="checkbox"/> THM					<input checked="" type="checkbox"/> THM					<input type="checkbox"/> THM				
Laboratory Use Only	Vial Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			Ext Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			Vial Rec'd:		<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: See special request form	Cyanide (total)					Cyanide (total)										
For safety purposes, please disclose any contaminants (e.g. heavy metals, cyanide, etc.) that may be present at high levels and pose a risk to human health:																

HOW TO FILL OUT THIS FORM	
Company/Agency	The full, legal company name.
Address	Full street address, including suite or unit number, if applicable. Final reports will be sent to this address.
City/Town	City or Town
Province/Territory	Province or Territory
Postal Code	Postal Code
Phone	Full telephone number, including area code and extension, if applicable.
Fax	Facsimile number.
E-mail	E-mail address, if available.
Signature	Signature of the individual filling out the form.
Client Project No.	This information will appear on the final analytical report.
Date Collected	Enter the date(s) that the samples were collected.
Time Collected	Enter the time(s) the sample(s) were collected in military time or note if it is a.m or p.m.
Sampler	The name of the individual who collected the sample.
Location	The general location of where the samples were collected.
Rush Required	Indicate if regular or Rush turnaround time is required. Check yes only if Rush is required, no if not.
Sample Type	Identify the sample matrix (freshwater, drinking water, soil, etc.).
Client Sample ID	Identify each submitted sample. This identification will appear on the analytical report.
Test Column	Check off the tests you require for each sample submitted.

IMPORTANT INFORMATION
<p>Turnaround Time</p> <p>Standard turnaround time is 10 business days. Please note that turnaround time delays may occur if the <i>Field Sheet</i> is incomplete or incorrectly filled out.</p> <p>RUSH Analysis</p> <p>Rush turnaround time is 5 business days. All samples received at the lab are analyzed on a ‘first come, first serve’ basis unless otherwise specified as Rush. Rush samples will be place in the front of the line and analyzed prior to routine samples. A premium charge of 100% shall be charged for the analysis. Rush services depend on staff availability, analysis required and capabilities of the lab. Please contact the lab prior to requesting this service.</p> <p>Sample Receipt, Custody and Storage</p> <p>All submitted samples remain the sole property of the client and may be returned to the client for appropriate storage or disposal at the discretion of Taiga Environmental Laboratory.</p> <p>All submitted samples will be stored for 30 days from the date the final report is printed. Arrangements can be made to hold the samples for an extended time at a nominal fee.</p> <p>Sampling Supplies</p> <p>Sample bottles, preservatives, labels and forms are available at no cost when requesting services. To place a bottle order, please submit a <i>Bottle &/or Preservative Order Form</i> a minimum of 48 hours in advance. Please note the shipment of Dangerous Goods may be delayed due to availability of qualified airline agents to process the paperwork.</p> <p>Shipping Charges</p> <p>All shipping costs are the responsibility of the client.</p> <p>Confidentiality</p> <p>All data and reports are considered confidential and the property of the client. No information shall be released to others without documented approval from the client.</p> <p>Limit of Liability</p> <p>Although every care and precaution is taken in the performance of our services, our liability for loss or damage in all circumstances is limited to re-analysis of the sample(s) at our expense or the cancellation of charges.</p> <p>Taiga Environmental Laboratory reserves the right to refuse to proceed with an analysis if the lab does not have the capability and/or resources to meet analysis requirements, including facilities and equipment, scientific expertise, analytical capabilities, staff scheduling, Quality Assurance/Quality Control specifications and report.</p>

Parameter Group		Marking	Preservative	Instructions
	Routine	GREEN	Keep Cool at 4°C	1. Rinse bottle three (3) times with sample. 2. Fill to top and cap bottle.
	Nutrients	BLACK	Keep Cool at 4°C	
	Biochemical Oxygen Demand (BOD)/Carbonaceous BOD (CBOD)	PURPLE	Keep Cool at 4°C	1. Rinse bottle three (3) times with sample. 2. Fill to top and cap bottle. 3. Sample must be sent to the lab within 24 hours of collection.
	Microbiological	STERILE	Sodium Thiosulphate Keep Cool at 4°C	1. DO NOT RINSE BOTTLE. 2. Fill to top and cap. 3. Sample must be sent to the lab within 24 hours of collection.
	Total Metals	RED	5 mL of 1:3 nitric acid in Red-dot vial	1. Rinse bottle three (3) times with sample. 2. Fill to near the top. 3. Add contents of preservative vial. 4. Cap bottle and mix.
	Dissolved Metals	RED	5 mL of 1:3 nitric acid in Red-dot vial	1. Filter sample with 0.45 um Cellulose Acetate filter. 2. Rinse bottle three (3) times with filtrate. 3. Fill to near the top. 4. Add contents of preservative vial. 5. Cap bottle and mix.
	Hexane Extractable Material (HEM)	YELLOW	4 mL of 1:3 sulphuric acid in Yellow-dot vial	1. DO NOT RINSE BOTTLE. 2. Fill to shoulder of bottle. 3. Add contents of preservative vial. 4. Cap bottle and mix.
	BTEX, THM and Purgeable Hydrocarbons	40 mL CLEAR GLASS W/ WHITE LID	Keep Cool at 4°C	1. DO NOT RINSE BOTTLE. 2. Fill vials completely leaving NO air bubbles.
	Extractable Hydrocarbons	1 L AMBER GLASS WITH WHITE LID	Keep Cool at 4°C	1. DO NOT RINSE BOTTLE. 2. Fill to top and cap.
	Cyanide, Total and WAD	BLUE	1 mL of 6N sodium hydroxide solution	1. Rinse bottle three (3) times with sample. 2. Fill to near the top of container. 3. Add contents of preservative vial. 4. Cap bottle and mix.
	Thiocyanate	ORANGE	2 mL 25% sulphuric acid; or keep cool at 4°C	
	Phenol	YELLOW with P	2 mL of 20% sulphuric acid	