



IBWA/FDA BOTTLED WATER CHAIN OF CUSTODY / ANALYSIS REQUEST

CLIENT & BILLING INFORMATION					
REPORT TO:			BILLING EMAIL:		
ADDRESS:			BILL TO:		
CITY:	STATE:	ZIP:	ADDRESS:		
PHONE:	FAX:		CITY:	STATE:	ZIP:
CONTACT:			PHONE:	P. O. #	
REPORT EMAIL:			VISA <input type="checkbox"/>	M/C <input type="checkbox"/>	EXPIRES:
PROJECT:			CARD #		

GENERAL TESTING INFORMATION					
THIS IS FOR: <input type="checkbox"/> IBWA COMPLIANCE (INCLUDES FDA) OR <input type="checkbox"/> FDA COMPLIANCE					
PRODUCT OR SOURCE NAME:					
DATE CODING (LOT#):	DATE SAMPLED:	TIME SAMPLED:	SAMPLED BY:		
TREATMENT TYPE (CHECK ALL THAT APPLY): <input type="checkbox"/> NONE <input type="checkbox"/> CHLORINATION <input type="checkbox"/> CHLORAMINES <input type="checkbox"/> OZONE <input type="checkbox"/> CHLORINE DIOXIDE					

CIRCLE THE STATES WHERE YOU SELL BOTTLED WATER: ***BOLDED STATES REQUIRE ADDITIONAL TESTING***

AK AL AR AZ CA CO **CT** DE FL GA HI IA ID IL IN KS KY LA **MA** MD **ME** MI MN MO MS MT NC ND
 NE NH **NJ** NM **NV** NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI **WV** WY ALL STATES

CANADA: AB BC MB NB NL NT NS NU ON PE QC SK YT ALL PROVIDENCES

OTHER COUNTRIES:

PRODUCT TESTING (ANNUALLY)	
IBWA and FDA require the four SOC's (Dioxin, Diquat, Endothall and Glyphosate) testing every 3 rd year. Only IBWA members are now required to test Perchlorate annually. Please check appropriate box and send 5 gallons ground shipment to the below address. IMPORTANT: To Reduce THM contamination change your GAC filters and wait one week to sample the Product.	
<input type="checkbox"/> IBWA ANNUAL \$ _____	<input type="checkbox"/> IBWA W/SOC'S (REQUIRED EVERY 3 RD YEAR) \$ _____
<input type="checkbox"/> FDA ANNUAL \$ _____	<input type="checkbox"/> FDA W/SOC'S (REQUIRED EVERY 3 RD YEAR) \$ _____
<input type="checkbox"/> 50 STATE COMPLIANCE FDA/IBWA \$ _____	<input type="checkbox"/> \$100 DISCOUNT FOR ANY BOTTLED WATER ASSOCIATIONS MEMBERSHIP \$ _____
* <input type="checkbox"/> USP23 IS REQUIRED FOR PURIFIED WATERS (DISTILLED & RO) BY FDA/IBWA (CHECK THE BOX IF YOUR PRODUCT IS PURIFIED) \$ _____	

SOURCE TESTING (ANNUALLY)	
IBWA and FDA require Source testing for Radiological Contaminants every 4 th Year. Only IBWA members are now required to test Perchlorate annually. Check appropriate box, fill in Date and Time Sampled. (Ship overnight to below address)	
SOURCE SAMPLES MUST BE RECEIVED BY THE LABORATORY WITHIN 24 HOURS OF BEING SAMPLED.	
<input type="checkbox"/> IBWA ANNUAL \$ _____	<input type="checkbox"/> IBWA W/RADIOLOGICAL CONTAMINANTS (REQUIRED EVERY 4 TH YEAR) \$ _____
<input type="checkbox"/> FDA ANNUAL \$ _____	<input type="checkbox"/> FDA W/RADIOLOGICAL CONTAMINANTS (REQUIRED EVERY 4 TH YEAR) \$ _____
<input type="checkbox"/> 50 STATE COMPLIANCE FDA/IBWA \$ _____	<input type="checkbox"/> \$100 DISCOUNT FOR ANY BOTTLED WATER ASSOCIATIONS MEMBERSHIP \$ _____

NEW PRODUCT TESTING QUARTERLY	
IBWA and FDA require all New Products be tested for Diquat, Endothall, Glyphosate and Dioxin for <u>Four</u> consecutive quarters ("NEW PRODUCT ANNUAL" counts as a quarter.) If you only want to test for Diquat, Endothall, Glyphosate and Dioxin check "NEW PRODUCT QUARTERLY." Please send 5 gallons via UPS Ground or Fed X Ground to the above address.	
<input type="checkbox"/> NEW PRODUCT QUARTERLY	<input type="checkbox"/> NEW PRODUCT ANNUAL

COMMENTS OR REQUESTS:

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X			X		

EVIDENCE OF COOLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	SAMPLES RECEIVED INTACT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SAMPLE TEMP _____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>
SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Return samples to ►

Edge Analytical Laboratories
1620 S. Walnut St.
Burlington. WA 98233