



**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:					
PROJECT:					

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					
<u>CIRCLE THE STATES WHERE YOU SELL BOTTLED WATER:</u> *BOLDDED 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 <input type="checkbox"/> ALL STATES					
CANADA: AB BC MB NB NL NT NS NU ON PE QC SK YT <input type="checkbox"/> ALL PROVIDENCES State source is produced: _____					
<u>OTHER COUNTRIES:</u>					

PRODUCT TESTING (ANNUALLY)

IBWA and FDA require the four SOC's (Dioxin, Diquat, Endothall and Glyphosate) testing every 3rd 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 3RD YEAR) \$ _____
<input type="checkbox"/> FDA ANNUAL \$ _____	<input type="checkbox"/> FDA W/SOC'S (REQUIRED EVERY 3RD YEAR) \$ _____
<input type="checkbox"/> 50 STATE COMPLIANCE FDA/IBWA \$ _____	<input type="checkbox"/> \$100 DISCOUNT FOR ANY BOTTLED WATER ASSOCIATIONS MEMBERSHIP \$ _____

* ☐ **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 4th 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 4TH YEAR) \$ _____
<input type="checkbox"/> FDA ANNUAL \$ _____	<input type="checkbox"/> FDA W/RADIOLOGICAL CONTAMINANTS (REQUIRED EVERY 4TH 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 Four 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
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COMMENTS OR REQUESTS:

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X			X		

EVIDENCE OF COOLING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	SAMPLES RECEIVED INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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"/>			

**Return
samples to**

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