

A & L CANADA LABORATORIES, INC.

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COMPOST SUBMISSION FORM



CLIENT NAME: _____	
Address: _____	
Province: _____	Postal Code: _____
Phone: _____	Fax: _____
E-mail: _____	
Attention: _____	
P.O. # _____	
Composting Council of Canada Member: Yes <input type="radio"/> No <input type="radio"/>	
CQA I.D. # _____	

* IF REQUESTING CQA, PLEASE LIST THE COMPOST SOURCE MATERIALS OR FEED STOCK *
SPECIAL INSTRUCTIONS AND/OR COMMENTS:

Client Sample Identification	Collection Date/Time	Sample Matrix	Selected Analysis							Lab Number
			CQA	Basic Monitoring Analysis Plus	Environmental Trace Elements	Soil Suitability Analysis (S8C)	Compost Nutrient Content (CFIA)	Bioassay	Other	
1	Date: _____	Finished Compost <input type="radio"/>	○	○	○	○	○	○	○	
	Time: _____	Immature Compost <input type="radio"/>								
	Other: _____	Feedstock <input type="radio"/>								
2	Date: _____	Finished Compost <input type="radio"/>	○	○	○	○	○	○	○	
	Time: _____	Immature Compost <input type="radio"/>								
	Other: _____	Feedstock <input type="radio"/>								
3	Date: _____	Finished Compost <input type="radio"/>	○	○	○	○	○	○	○	
	Time: _____	Immature Compost <input type="radio"/>								
	Other: _____	Feedstock <input type="radio"/>								
4	Date: _____	Finished Compost <input type="radio"/>	○	○	○	○	○	○	○	
	Time: _____	Immature Compost <input type="radio"/>								
	Other: _____	Feedstock <input type="radio"/>								



LAB ANALYSIS RESULTS BY: FAX COURIER* E-MAIL: REG. MAIL * Client Cost

Analysis Authorized By: _____
Custody Relinquished By: _____



Date: _____ Received By A & L: _____ Date: _____

NO ANALYTICAL WORK WILL BEGIN WITHOUT SIGNED AUTHORIZATION
*** PLEASE NOTE THAT THE CQA IS MEANT FOR FINISHED COMPOST ONLY ***