

Analytical Services Tasmania
18 St Johns Avenue New Town 7008
Phone (03) 6165 3300 (reception)
Mobile 0429 294 531 (Incident advice – Manager : Damien Norman)
Email enquiries@ast.tas.gov.au
Web www.analyticalservices.tas.gov.au

AST Job No:

(AST Office Use Only)

Please consider the following when sampling for laboratory analysis:

- Ring AST mobile number 0429 294 531. Notify the lab of your intention to sample. Discuss appropriate analysis and sample containers. Emergency laboratory advice is available 8am – 8pm.
- After-hours sample drop off is available by arrangement. Inform AST the samples are in response to an environmental investigation. An AST staff member will meet you to receive the samples. This ensures analysis hold times are not exceeded, chain of custody is maintained, and samples are adequately stored and preserved. **This is essential for samples that will be used as evidence.**
- Contain and store control samples separate and in isolation from contaminant samples and contaminated site samples.
- Sample container labels must be filled out and complete.
- Chain of Custody must be filled out and complete at every exchange from person to person.
- AST submission form must be filled out and complete. Assistance with this is available from AST staff.

1. Safety: Customer Duty of Care

Staff at the laboratory must be informed of the hazardous nature of any samples submitted. The following information must be completed before samples will be received and processed.

Please advise of all known **HAZARDS**:

- | | | | | |
|--|--------------------------------|--|---|--|
| <input type="checkbox"/> No known hazard | <input type="checkbox"/> PCB | <input type="checkbox"/> Fish Products | <input type="checkbox"/> Petroleum / Hydrocarbons | <input type="checkbox"/> Cyanobacteria / Algal toxins |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Toxic | <input type="checkbox"/> Animal Products | <input type="checkbox"/> Tip Leachate | <input type="checkbox"/> Contaminated Site: detail below |
| <input type="checkbox"/> Sewage | | | | <input type="checkbox"/> Other – please detail below |

Please detail the nature of the hazards present in sample(s): _____

Signed: _____ Date: _____

2. Customer Details

EPA Branch/Section and location: _____

Submitted by (name): _____ Phone (submitter): _____

Report to:

_____	Email: _____	Phone: _____
_____	Email: _____	Phone: _____
_____	Email: _____	Phone: _____

Other administrative information: _____

3. Site Details

Site Identification and EPA incident ID: _____

Turnaround time is 10 working days unless otherwise requested

Reason for sampling:

- Incident Response
- Site Inspection spot-check
- Regulatory Non-compliance Investigation
- Environmental Harm Investigation
- Regulatory Compliance Audit
- Other

Sampling Objectives:

- Pollutant Identification/Characterisation
- Pollutant Source
- Responsibility/Culpability for pollution
- Pollutant concentration or volume
- Pollutant trends

4. Chain of Custody: from sampler to laboratory

Are these sample(s) subject to **LEGAL** proceedings? No Yes Possibly

This form must stay with the samples and Chain-of-Custody must be filled out. (PTO)



Item Continuity and Security Form

This form must stay with the item

**Item &/or EPA
Receipt Number :** _____

Item Description : _____

Condition of samples: _____

Released by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Received by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Condition of samples: _____

Released by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Received by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Condition of samples: _____

Released by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Received by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Condition of samples: _____

Released by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Received by _____ am/pm
:
_____ (Name) _____ (Signature) _____ (Date) _____ (Time)

Condition of samples: _____

