




Mairin OHS&E Consulting Pty. Ltd.
Safety & Quality Management System
AF-011-1 – Client Delivered Sample Registration Form

Samples Received From		Don Moey	
Billing Details			
Company Name (if applicable)		My Company Pty Ltd	
Your Billing Address	888 Some Street		
	Mytown Vic 3000		
Phone #	03 9999 9999	Fax #	03 8888 8888
Email	don.moey@mycompany.com.au		
Results			
Urgent - ring results ASAP	<input type="checkbox"/>	Fax	<input type="checkbox"/>
		Email	<input checked="" type="checkbox"/>
		Post	<input type="checkbox"/>
Sample details:			
Sample details are required for the Certificate of Analysis. You need to provide sufficient information to allow a removalist to be able to identify the material from the details on the certificate.			
Site Location/Address: <small>(This should be a worksite or address from where the sample was taken)</small>	26 Another Street, Yourtown, Vic 3333		
Sample 1: Source location: <small>(This should be the location of the sample taken from the above address e.g. shed roof, bathroom wall, kitchen floor, Dredger etc)</small>	Kitchen Floor Underlay,		
Description: <small>(e.g Green vinyl tile, cement sheet, gasket)</small>	Cement Sheet		
Sample 2: Source location:	North Side Eaves		
Description:	Cement Sheet		
Sample 3: Source location:	Bathroom floor		
Description:	Yellow vinyl sheeting		
Sample 4: Source location:	Workshop main boiler		
Description:	Rope door seal		
Signed:		Date:	16/05/2012
Receiving Laboratory			
Received by:		Signed:	
Time:		Date:	