

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

Samples to: Mairin OHS&E Consulting Pty Ltd Ph: 03 5127 2311 18-20 Kirk Street, Moe, Vic 3825 mairin@dcsi.net.au

Billing Details	Work Order /PO Number:			PO 45923567							
	Samples From (your name)			Don Moey							
	Company Name (if applicable)			My Company Pty Ltd							
	Address 888 Some Street		et								
	Address	Mytown Vic 300	00								
	Phone #	0400 000 000		Fax # 03 8888 8888							
	Email	don.moey@my	on.moey@mycompany.com.								
Identification Timeframe & Notification											
Results Reporting	Are the sample surcharge will a	ve a result within 24 hours, a 20%				Yes		No	X		
	-	side normal hours? If yes, a minimum 4 back or come in on a weekend.				Yes		No	X		
Resu	Telephone	X	Fax			Email	X		Post		
		letails are required to complete to comple									on
Sample Details	Site Location/Address: (This should be a worksite or address from where the samples were taken)			26 Another Street, Yourtown, Vic 3333							
	Sample 1: Source location: (This should be the location of where the sample was taken from at the above			Kitchen Floor Underlay,							
	address e.g shed, bathroom, Dredger etc) Description: (e.g Vinyl tile, cement sheet, gasket etc)			Cement Sheet							
	Sample 2: Source locat		ation:	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:			16/05/2016			
			OFFICE (JSE ONLY							
JOB NO:				DATE RECEIVED:							
RECEIVED BY:					TIME:						

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