

Analytical Services Tasmania
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 Phone: (03) 6165 3300
 Email: enquiries@ast.tas.gov.au
 Website: www.analyticalservices.tas.gov.au

<p>AST Job No:</p> <p><i>(AST Office Use Only)</i></p>
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1. Safety: Customer Duty of Care (must be filled in and signed)

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"/> Fish Products | <input type="checkbox"/> PCB | <input type="checkbox"/> Sewage Sludge / Biosolids | <input type="checkbox"/> Other: detail below |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Animal Products | <input type="checkbox"/> Toxic | <input type="checkbox"/> Heavy Metals | <input type="checkbox"/> Petroleum / Hydrocarbons |
| <input type="checkbox"/> Corrosive | | | | <input type="checkbox"/> Contaminated Site: detail below |

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

Signed: _____ Date: _____

2. Customer Details

Customer Name: _____

NOTE: The customer is the person or company who will incur charges for samples submitted to the laboratory for analysis.

Customer Address (New Customers Only): _____

Person to direct invoice to: _____ ABN: _____
(New Business Customers Only)

Submitted by: _____ Phone (submitter): _____

Report to:

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

Other information: _____

3. Job Details

Project Name: _____

AST Quote No: _____ Customer Purchase Order No: _____

Turnaround time is 10 working days unless otherwise negotiated

4. Chain of Custody: from sampler to laboratory

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

Are these **QUARANTINE** sample(s)? No Yes complete information below

Country of Origin: _____ Import Permit Number: _____

Quarantine Entry No: _____ Quarantine Movement*: _____

*(*Only required if AST is not listed on Import Permit)*

Relinquished by:	Date	Time (24h)	Received by:	Date	Time (24h)

PLEASE ATTACH EXTRA SHEETS IF THERE IS INSUFFICIENT SPACE TO INDICATE THE ANALYSES REQUIRED

