

Analytical Services Tasmania  
 18 St Johns Avenue New Town 7008  
 Phone: (03) 6165 3300  
 Email: [enquiries@ast.tas.gov.au](mailto:enquiries@ast.tas.gov.au)  
 Website: [www.analyticalservices.tas.gov.au](http://www.analyticalservices.tas.gov.au)

<b>Temperature upon receipt:</b>  (AST Office Use Only)	<b>AST Job No:</b>  (AST Office Use Only)
---	---

**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"/> Corrosive | <input type="checkbox"/> PCB             | <input type="checkbox"/> Fish Products | <input type="checkbox"/> Petroleum / Hydrocarbons        | <input type="checkbox"/> Other: detail below          |
| <input type="checkbox"/> Sewage          | <input type="checkbox"/> Toxic     | <input type="checkbox"/> Animal Products | <input type="checkbox"/> Tip Leachate  | <input type="checkbox"/> Contaminated Site: detail below | <input type="checkbox"/> Cyanobacteria / Algal toxins |

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**

