

# A & L CANADA LABORATORIES, INC.

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## COMPOST SUBMISSION FORM



<b>CLIENT NAME:</b> _____	
Address: _____	
Province: _____ Postal Code: _____	
Phone: _____ Fax: _____	
E-mail: _____	
Attention: _____	
P.O. # _____	
Composting Council of Canada Member: Yes <input type="radio"/> No <input type="radio"/>	
CQA I.D. # _____	

<b>* IF REQUESTING CQA, PLEASE LIST THE COMPOST SOURCE MATERIALS OR FEED STOCK *</b>
<b>SPECIAL INSTRUCTIONS AND/OR COMMENTS:</b>

Client Sample Identification	Collection Date/Time	Sample Matrix	Selected Analysis						Lab Number	
			CQA	Basic Monitoring Analysis Plus	Environmental Trace Elements	Soil Suitability Analysis (S8C)	Compost Nutrient Content (CFIA)	Manure Compost (MC)		Other
1	Date:	Finished Compost <input type="radio"/>	○	○	○	○	○	○	○	○
	Time:	Immature Compost <input type="radio"/>								
	Initials:	Feedstock <input type="radio"/>								
2	Date:	Compost <input type="radio"/>	○	○	○	○	○	○	○	○
	Time:	Immature Compost <input type="radio"/>								
	Initials:	Feedstock <input type="radio"/>								
3	Date:	Compost <input type="radio"/>	○	○	○	○	○	○	○	○
	Time:	Immature Compost <input type="radio"/>								
	Initials:	Feedstock <input type="radio"/>								
4	Date:	Compost <input type="radio"/>	○	○	○	○	○	○	○	○
	Time:	Immature Compost <input type="radio"/>								
	Initials:	Feedstock <input type="radio"/>								



LAB ANALYSIS RESULTS BY: FAX  COURIER\*  E-MAIL:  REG. MAIL  \* Client Cost

Analysis Authorized By: \_\_\_\_\_  
Custody Relinquished By: \_\_\_\_\_

Date: \_\_\_\_\_ Received By A & L: \_\_\_\_\_ Date: \_\_\_\_\_



**NO ANALYTICAL WORK WILL BEGIN WITHOUT SIGNED AUTHORIZATION**  
**\* PLEASE NOTE THAT THE CQA IS MEANT FOR FINISHED COMPOST ONLY \***