SAMPLING SCHEME: SAMPLE SUBMISSION FORM

NAME OF LGA		**TEL:**	
FOOD BUSINESS		**ADDRESS:**	

SELECTED ANALYST (Please Specify)	**Please Tick**	**LAB USE ONLY Consignment Number:**
Agrifood Technology		
Eurofins ARL		
ChemCentre (water samples only)		
Symbio Laboratories		

SOLD BY		**POSITION**		**TEL**		**DATE SAMPLED**		**TIME SAMPLED**	

LGA Sample Number	Sample Type (CS,DS,NC)	Legal Sample (Y/N)	Cost	Weight	Label Description	Sample Details (Brand/Manufacturer/Importer/Use By/Batch No.)	Analysis Required

Legend: *CS: Coordinated Sampling Project DS: Discretionary Sample NC: Non-Compliant Sample or Food Complaint*

Special Instructions .....

EHO: .... EHO Email: ..... Witness: .....

(Please Print Name) (EHO Signature) (EHO email address) (Please print name & signature)

Received From EHO: ..... Received By: ..... Date: .... /.... /.... Time ..... (am/pm)

(Please Print Name) (Please Print Name)

Prosecution Certificate Required: YES ☐ NO ☐

CSP - Samples submitted to participate in LHAAC coordinated surveys.
DS - Samples submitted for routine LG health-related sampling activities, e.g. food sampling for safety and quality monitoring.
NC - Samples submitted to investigate suspected non-compliant products or activities e.g. public complaints, illegal discharge, follow up of previous sampling results.