SAMPLE INFORMATION

Re: Contract/Order No. …… **dated** ……

Client: ……..……..

……

Tel./fax ..... E-mail ……..……..

Contact person …… Telephone: ……

The following details must be specified for each type of sample provided, e.g., water, wastewater, soil, sewage sludge, air, etc., or for specific samples. For water intended for human consumption, the specific purpose must also be defined:

Type of sample and/or sample identifier……

Purpose of testing:

☐ **Test results will be intended for and used within a legally regulated area.**

Specific purpose (applies to water intended for human consumption):

☐ *Compliance monitoring for water supplier or schedule for water supplier engaged in wholesale supply**

*Relevant PPIS/PGIS (*District/Border Sanitary Inspectorate) *is:……..……(please specify)*

☐ *Testing for a priority facility within the meaning of Art. 4j(1) of the Act (Journal of Laws 2026.605)**

Relevant PPIS/PGIS is:……..……(please specify)

☐ *Other*

**** Please be advised that in cases described in Art. 37ag(4) of the Act (Journal of Laws 2026.605), the Laboratory is obliged to submit the drinking water quality test report to the Ordering Party and, furthermore, to the relevant District or Border State Sanitary Inspector (PPIS/PGIS).***
In the case of priority facilities within the meaning of Art. 4j(1) of the Act (Journal of Laws 2026.605), please grant consent for the submission of the test report to the relevant PPIS/PGIS in the event of non-compliance of the tested sample with the parametric value specified in the current Regulation of the Minister of Health on the quality of water intended for human consumption.
☐ ***I consent*** ☐ ***I do not consent*** *(please tick as appropriate)*

☐ **Own requirements** *(non-regulated area)*

Sample collection:

☐ **Performed by CBJ sp. z o.o.**

☐ **Performed by the Client**

If samples are collected by the Client, please specify:

- Procedure name (number, date of issue) applied by the sampler……
- Sampling schedule *(e.g., annual schedule, in accordance with environmental permit no., as per order of the controlling authority, other)*……..……..……
- Sampling locations ……..
- Accreditation number covering sampling as per the aforementioned procedure ……..……..…….

SAMPLE INFORMATION

- Certificate number and expiry date, and the name of the quality system implemented covering sampling ……..……
- Implementation of HACCP system *(enter 'Yes' or 'No' - if applicable)*…….……..……

In the absence of the above-mentioned documents/data, please enter 'N/A' (NOT APPLICABLE).

<u>If samples of water intended for human consumption are collected by the Client, please additionally specify:</u>

- Name of the sampler ……..……..……
- Number and date of the PPIS decision / entry number in the GIS (Geographical Information System) laboratory register covering the sampling of water for human consumption, or a certificate (scan) of the sampler's training by the PPIS/PGIS ……

Please be advised that if samples from a legally regulated area are collected by the Client in a manner inconsistent with legal requirements, or if the legally required information is not provided, the test results may be deemed unsuitable for compliance assessment in the legally regulated area.

Date, signature of representative Clients	Date, signature of employee CBJ sp. z o.o.
…….	……..