

SAMPLE INFORMATION

Applies to contract/order no. of

Client:

Tel/fax e-mail

Contact person Phone no.:

Specify the following details for each type of sample supplied, e.g. water, waste water, soil, sewage sludge, air, etc., or for specific samples. In the case of water intended for human consumption, also specify the specific purpose and indicate whether the sample is taken at a compliance point:

Sample type and/or sample identifier.....

Compliance point YES ☐ NO ☐ (applies to samples of water intended for human consumption)

Testing Purpose:

- ☐ Findings will be intended for and used in a legally regulated area

Specific pupose (relating to water intended for human consumption):

- ☐ tests carried out as part of the compliance monitoring of a water supplier or the schedule for a water supplier engaged in wholesale supply*

Competent Sanitary Inspectorate (PPIS/PGIS): (please specify)

- ☐ testing for a priority facility as defined in Art. 4j(1) of the Act (Dz.U. 2026.605)*

Competent Sanitary Inspectorate (PPIS/PGIS): (please specify)

- ☐ other

*** Please be advised that in the cases described in Article 37ag(4) of the Act (Journal of Laws 2026.605) the Laboratory is obliged to submit a report on the quality of water intended for human consumption to the entity commissioning the tests and, furthermore, to the competent state district or state border sanitary inspector (PPIS/PGIS).**

In the case of priority facilities within the meaning of Article 4j(1) of the Act (Journal of Laws 2026.605), please give your consent (agree) for the test report to be forwarded to the relevant PPIS/PGIS in the event of non-compliance in 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 agree/ ☐ I do not agree (tick appropriate)

- ☐ Own purposes (an area not regulated by law)

Sampling:

- ☐ To be effected by CBJ sp. z o.o.

- ☐ To be effected by Client

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If samples are taken by the client, please specify:

- Name (number, date of issue) of the procedure applied by the sampler
- Sampling schedule (e.g. annual schedule, in accordance with environmental decision no., as required by the supervisory authority, or other)
- Sampling points
- Date and time of sampling (to be completed where applicable)
- Accreditation number covering sampling in accordance with the procedure indicated above
- Certificate number, expiry date and name of the implemented quality system covering sampling
- Whether an HACCP system is in place (enter 'yes' or 'no' – if applicable)

If the above documents/details are not available, please enter NONE

Where the client takes samples of water intended for human consumption, the following also applies:

- Full name of the sampler
- Number and date of the PPIS decision/registration number in the GIS laboratory register covering the collection of drinking water samples, or a certificate (scan) confirming the sampler's training by PPIS/PGIS

Please note that if the Client takes samples from a legally regulated area in a manner that does not comply with legal requirements, or fails to provide the information required by law, the test results may be unsuitable for assessing compliance within the legally regulated area.

Date and signature of Client's
representative

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Date and signature of
CBJ sp. z o.o. employee

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