



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - Alexander Public School  
Address: 39 Brendan  
Sudbury, ON, P3E 1K3  
Phone/Fax: (705) 690-0323 / (705) 671-2442  
Email: bocym@rainbowschools.ca;  
lavallm@rainbowschools.ca

Work Order Number: 276226  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500046021  
Sampled By:

Date Order Received: 6/15/2016  
Arrival Temperature: 15 °C

Analysis Started: 6/17/2016  
Analysis Completed: 6/20/2016

### WORK ORDER SUMMARY

ANALYSES WERE PERFORMED ON THE FOLLOWING SAMPLES. THE RESULTS RELATE ONLY TO THE ITEMS TESTED.

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
Daycare (Standing)	727130	Treated Water	Plumbing		6/15/2016	6:30 AM
Daycare (Flushed)	727131	Treated Water	Plumbing		6/15/2016	7:05 AM

### METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Water	Garson	Determination of Metals in Water by ICP/MS	Based on SW846-6020A

### REPORT COMMENTS

ESTIMATED STANDING TIME : 8 hours

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Alexander Public School

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### WORK ORDER RESULTS

Sample Description	Daycare (Standing)		Daycare (Flushed)			
Lab ID	727130		727131			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.87	0.1	0.2	0.1	ug/L	10

### LEGEND

Dates: Dates are formatted as mm/dd/year throughout this report.

MDL: Method detection limit or minimum reporting limit.

Quality Control: All associated Quality Control data is available on request.

LCL: Lower Control Limit.

UCL: Upper Control Limit.

QAQCID: This is a unique reference to the quality control data set used to generate the reported value. Contact our lab for this information, as it is traceable through our LIMS.



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RDSB - Alexander Public School

Work Order Number: 276226

**QUALITY CONTROL DATA**

THIS SECTION REPORTS QC RESULTS ASSOCIATED WITH THE TEST BATCH; THESE ARE NOT YOUR SAMPLE RESULTS

<b>Metals</b>							
<b>%RPD</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	0	N/A	20	20160617.R13-5o	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160617.R13-5o	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	95	120	20160617.R13-5o	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	100	120	20160617.R13-5o	
<b>Sample Spike</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	95	130	20160617.R13-5o	

THIS INDEX SHOWS HOW YOUR SAMPLES ARE ASSOCIATED TO THE CONTROLS INCLUDED IN THE IDENTIFIED BATCHES.

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
Daycare (Flushed)	727131	ICPMS Water	20160617.R13-5o	20160617.R52I
Daycare (Standing)	727130	ICPMS Water	20160617.R13-5o	20160617.R52I

**DRINKING WATER CHAIN OF CUSTODY FORM**

Please use our General Chain of Custody Form for non-drinking water sample submissions

<b>REPORT TO:</b> Client: <u>RDSB - Alexander P.S.</u> Address: <u>39 Brendan Street</u> <u>Sudbury, ON P3E 1K3</u> Contact: <u>Mark Bocy</u> Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3174</u> Fax: _____				<b>INVOICE TO: (if different from Report)</b> Client: <u>RDSB</u> Address: <u>69 young</u> <u>Sudbury.</u> Contact: _____ Email: _____ Phone: _____ Fax: _____				<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: _____ Client Project #: _____																																																																																												
<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard <b>SPECIFIC DATE:</b> <u>Thurs 23</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="12">ANALYSIS REQUESTED</th> <th colspan="2" rowspan="2">Residual Chlorine</th> <th rowspan="2">CONTAINERS RECEIVED</th> <th colspan="3">WORK ORDER NUMBER:</th> </tr> <tr> <th colspan="12"></th> <th>Free</th> <th>Total</th> <th colspan="3" style="font-size: 2em; color: red;">276226</th> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Resample (Yes or No?)</td> <td rowspan="2" style="background-color: yellow;">ICPMS 1 (Pb)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">TEMP</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Btl. Type</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Lab ID</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </table>				ANALYSIS REQUESTED												Residual Chlorine		CONTAINERS RECEIVED	WORK ORDER NUMBER:															Free	Total	276226			Resample (Yes or No?)	ICPMS 1 (Pb)																TEMP	Btl. Type	Lab ID																																						
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<b>**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)</b> <b>Adverse and Exceedance Notification Information:</b> Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u> Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>				<b>REGULATION</b> Waterworks # <u>500046021</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																
<b>COMMENTS/FIELD NOTES:</b> <b>ESTIMATED STANDING TIME:</b> <u>8 hours</u>				O. REG. 170/318/319 Only: Phone: <u>705-522-9200</u> Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u> Relinquished to Testmark By (Signature) <u>LISA PALAO</u> Date <u>JUN 15/16</u> Time <u>9:15 AM</u>																																																																																																
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\*\*\* Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 testing.  
 Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.