



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Algonquin Rd. Public School
Address: 2650 Algonquin Road E
Sudbury, ON, P3E 4X6
Phone/Fax: (705) 929-4787 / (705) 761-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 276495
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500044435
Sampled By:

Date Order Received: 6/17/2016
Arrival Temperature: 14 °C

Analysis Started: 6/23/2016
Analysis Completed: 6/24/2016

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 |
|--------------------|--------|---------------|----------|----------|----------------|----------------|
| Rm-11 (Standing) | 727786 | Treated Water | Plumbing | | 6/16/2016 | 7:00 AM |
| Rm-11 (Flushed) | 727787 | Treated Water | Plumbing | | 6/16/2016 | 7:35 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 |

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Algonquin Rd. Public School

Work Order Number: 276495

WORK ORDER RESULTS

| Sample Description | Rm - 11 (Standing) | | Rm - 11 (Flushed) | | Units | Criteria: O.Reg. 243/07 |
|--------------------|--------------------|-----|-------------------|-----|-------|----------------------------|
| Lab ID | 727786 | | 727787 | | | |
| Metals | Result | MDL | Result | MDL | | |
| Lead | 0.33 | 0.1 | 0.3 | 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.



CERTIFICATE OF ANALYSIS

RDSB - Algonquin Rd. Public School

Work Order Number: 276495

QUALITY CONTROL DATA

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

| Metals | | | | | | | |
|-------------------------|-----|-------|-----|--------|-----|-----------------|--|
| %RPD | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % | 0 | N/A | 20 | 20160623.R13-5o | |
| Method Blank | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | 1 | ug/L | 0 | <1 | 1 | 20160623.R13-5o | |
| Positive Control | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % | 80 | 96.3 | 120 | 20160623.R13-5o | |
| Reference Sample | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % Rec | 80 | 98 | 120 | 20160623.R13-5o | |
| Sample Spike | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % Rec | 70 | 94.4 | 130 | 20160623.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 |
|--------------------|--------|-------------|-----------------|---------------|
| Rm - 11 (Flushed) | 727787 | ICPMS Water | 20160623.R13-5o | 20160623.R52P |
| Rm - 11 (Standing) | 727786 | ICPMS Water | 20160623.R13-5o | 20160623.R52P |

DRINKING WATER CHAIN OF CUSTODY FORM

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

| | | | | | |
|---|--|---|--|-----------------------------|--|
| REPORT TO: | | INVOICE TO: (if different from Report) | | PROJECT INFORMATION: | |
| Client: <u>RDSB - Algonquin P.S.</u> <i>Rd. Public School</i> | | Client: _____ | | TM Quote #: _____ | |
| Address: <u>2650 Algonquin Road East</u> | | Address: _____ | | Client P.O. #: _____ | |
| <u>Sudbury, ON P3E 4X6</u> | | Contact: _____ | | Client Project #: _____ | |
| Contact: <u>Mike Lavallee</u> | | Email: _____ | | _____ | |
| Email: <u>lavallm@rainbowschools.ca</u> | | Phone: _____ | | _____ | |
| Phone: <u>705-674-3174</u> Fax: _____ | | Phone: _____ Fax: _____ | | _____ | |

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|---|---|--------------|---|--|--|--|--|--|--|--|----------------------------|--|---------------------|--|---|--|--|--|
| REPORTING/INVOICING FORMAT | | TURN AROUND TIME (TAT)* | | ANALYSIS REQUESTED | | | | | | | | | | LABORATORY USE ONLY | | | | | | | |
| <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail | | <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days | | Resample (Yes or No?) | ICPMS 1 (Pb) |  | | | | | | | | | | Residual Chlorine | | WORK ORDER NUMBER: 276495 | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard | | | | | | | | | | | | | | | | | | | |
| QC DATA REPORTED | | SAMPLE DISPOSAL | | SPECIFIC DATE: <i>Fri 24</i> | | | | | | | | | | | | CONTAINERS RECEIVED | | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return | | * Prior arrangements must be made for rush/weekend/holiday work | | | | | | | | | | | | | | | | | |
| SAMPLING | | SAMPLE DESCRIPTION | | Water Trax # (if appl) | | | | | | | | | | | | | | | | | |
| DATE (mm-dd-yy) | TIME | Type** | | | | | | | | | | | | | | | | | | | |
| | | R | T | D | P | | | | | | | | | | | | | | | | |
| <i>6-16-16</i> | <i>7</i> | | | | <i>x</i> | <i>Rm-11 (Standing)</i> | | | | | | | | | | | | | | | |
| <i>6-16-16</i> | <i>7:35</i> | | | | <i>x</i> | <i>(Flushed)</i> | | | | | | | | | | | | | | | |

| | | | | | |
|---|--|------------|--|---|--|
| **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) | | REGULATION | | Waterworks # <u>500044435</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 | |
| Adverse and Exceedance Notification Information: | | | | <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS | |
| Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u> | | | | LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u> | | | | 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 | |

| | | | | | |
|--|--|--|--|--------------------------------------|--|
| COMMENTS/FIELD NOTES: | | 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) <i>[Signature]</i> | | Date _____ Time _____ | |
| ESTIMATED STANDING TIME: | | Shipped By <i>[Signature]</i> | | Shipping Reference <u>22389</u> | |
| Sampled By (Print and Sign) <i>Amey Hutchinson</i> | | Date <u>2016-06-16</u> | | Time _____ | |
| Received By (Print and Sign) _____ | | Date <u>2016-06-16</u> | | Time _____ | |
| | | Received at Testmark By <i>[Signature]</i> | | Date <u>6/16/16</u> Time <u>1105</u> | |

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca
 100 Wilson Ave., Suite 102, Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • timmins@testmark.ca
 6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • csr-mississauga@testmark.ca

*** 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.



TESTMARK Laboratories Ltd.

Committed to Quality and Service

Confirmation of Sample Receipt

Your samples have been received at Testmark's Sample Reception and have now been issued a unique Work Order number as well as unique Sample I.D. numbers.

Here are some details of your submission:

Client Name: RDSB - Algonquin Rd. Public School
Contact: Mike Lavallee
Project Number:
Work Order #: 276495
Date Received: 6/17/2016
Method of Shipment: Hand
Waybill Reference #: 22389
Estimated Date of Completion*: 6/24/2016
Water Works #: 500044435

Sample Details

| Sample Number | Sample Date | Sample Description | Analysis | Regulation (if applicable) |
|---------------|-------------|--------------------|------------------|----------------------------|
| 727786 | 6/16/2016 | Rm-11 (Standing) | ICPMS Water | O.Reg. 243/07 |
| 727786 | 6/16/2016 | Rm-11 (Standing) | MetalsWater/Prep | O.Reg. 243/07 |
| 727787 | 6/16/2016 | Rm-11 (Flushed) | ICPMS Water | O.Reg. 243/07 |
| 727787 | 6/16/2016 | Rm-11 (Flushed) | MetalsWater/Prep | O.Reg. 243/07 |

Entry of your submission is based on information contained on your Chain of Custody. If you have any questions regarding this submission, kindly contact Testmark's Customer Service department by email using customer.service@testmark.ca

* Please note this is an estimated date. Over 95% of our reports are completed within 5 business days. Please note however that non-routine and subcontracted analyses may significantly exceed normal turnaround times.

In these cases, a partial report may be issued.