



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - C.R. Judd Public School
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 690-0323 / (705) 671-2442
Email: bocym@rainbowschools.ca;
lavallm@rainbowschools.ca

Work Order Number: 276634
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040301
Sampled By:

Date Order Received: 6/20/2016
Arrival Temperature: 15 °C

Analysis Started: 6/24/2016
Analysis Completed: 6/27/2016

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 |
|--------------------|--------|---------------|----------|----------|----------------|----------------|
| CR.J (Standing) | 790055 | Treated Water | Plumbing | | 6/20/2016 | 7:10 AM |
| CR.J (Flushed) | 790056 | Treated Water | Plumbing | | 6/20/2016 | 7:45 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: < 24 HRS Sample taken in Day Care

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - C.R. Judd Public School

Work Order Number: 276634

WORK ORDER RESULTS

| Sample Description | CR.J (Standing) | | CR.J (Flushed) | | | |
|--------------------|-----------------|-----|----------------|-----|-------|----------------------------|
| Lab ID | 790055 | | 790056 | | | |
| Metals | Result | MDL | Result | MDL | Units | Criteria: O.Reg. 243/07 |
| Lead | 0.72 | 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.



CERTIFICATE OF ANALYSIS

RDSB - C.R. Judd Public School

Work Order Number: 276634

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 | 0.3 | 20 | 20160624.R13-5o | |
| Method Blank | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | 1 | ug/L | 0 | <1 | 1 | 20160624.R13-5o | |
| Positive Control | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % | 80 | 97.4 | 120 | 20160624.R13-5o | |
| Reference Sample | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % Rec | 80 | 99.4 | 120 | 20160624.R13-5o | |
| Sample Spike | | | | | | | |
| Parameter | MDL | Units | LCL | Result | UCL | QAQCID | |
| Lead | N/A | % Rec | 70 | 90.7 | 130 | 20160624.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 |
|--------------------|--------|-------------|-----------------|---------------|
| CR.J (Flushed) | 790056 | ICPMS Water | 20160624.R13-5o | 20160624.R52K |
| CR.J (Standing) | 790055 | ICPMS Water | 20160624.R13-5o | 20160624.R52K |

DRINKING WATER CHAIN OF CUSTODY FORM

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

| REPORT TO: Client: <u>RDSB - C.R. Judd P.S.</u> Address: <u>8 Lincoln Cres.</u> <u>Capreol, ON P0M 1H0</u> Contact: <u>Mark Bocy</u> Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3174</u> Fax: _____ | | | | INVOICE TO: (if different from Report) Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____ | | | | PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: _____ Client Project #: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|------|--|---|-----------------|--|---|------------------------|-----------------------|--------------|-------------------|-------|---------------------|--------|----------------------|--------|--------------------|------------------------|-----------------------|--------------|---------------------|-------|---------------------|------|-----------|--------|-----------------|--|---|--|--|--|---|----|----|--------|----------|--------------------|--|--|-----------------------|--------------|----------------|--|---|--|--|--|---|---|---|--------|--|--|--|--|----------------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|-----------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| REPORTING/INVOICING FORMAT <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail QC DATA REPORTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return | | TURN AROUND TIME (TAT)* <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard SPECIFIC DATE: <u>Tues 28</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 colspan="3" rowspan="2">LABORATORY USE ONLY</th> </tr> <tr> <th colspan="12"></th> <th>Free</th> <th>Total</th> <th colspan="3">WORK ORDER NUMBER:</th> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Resample (Yes or No?)</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">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 rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Containers Received:</td> <td colspan="3" style="font-size: 2em; color: red; text-align: center;">276634</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>TEMP</td> <td>Btl. Type</td> <td>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> <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> </tr> </table> | | | | ANALYSIS REQUESTED | | | | | | | | | | | | Residual Chlorine | | LABORATORY USE ONLY | | | | | | | | | | | | | | | Free | Total | WORK ORDER NUMBER: | | | Resample (Yes or No?) | ICPMS 1 (Pb) | | | | | | | | | | | | | | | Containers Received: | 276634 | | | | | | | | | | | | | | | | | | TEMP | Btl. Type | Lab ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANALYSIS REQUESTED | | | | | | | | | | | | Residual Chlorine | | LABORATORY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Free | Total | WORK ORDER NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resample (Yes or No?) | ICPMS 1 (Pb) | | | | | | | | | | | | | | | Containers Received: | 276634 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | TEMP | Btl. Type | Lab ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SAMPLING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DATE (mm-dd-yy)</th> <th rowspan="2">TIME</th> <th colspan="4">Type**</th> <th rowspan="2">SAMPLE DESCRIPTION</th> <th rowspan="2">Water Trax # (if appl)</th> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th rowspan="2">Free</th> <th rowspan="2">Total</th> <th rowspan="2">Containers Received</th> <th rowspan="2">TEMP</th> <th rowspan="2">Btl. Type</th> <th rowspan="2">Lab ID</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>06-20-16</td> <td>7:10</td> <td></td><td></td><td></td><td>X</td> <td>CR-J (Standing)</td> <td></td> <td>X</td> <td></td><td></td><td></td> <td>1</td> <td>15</td> <td>LP</td> <td>790055</td> </tr> <tr> <td>06-20-16</td> <td>7:45</td> <td></td><td></td><td></td><td>X</td> <td>CR-J (Flushed)</td> <td></td> <td>X</td> <td></td><td></td><td></td> <td>1</td> <td>↓</td> <td>↓</td> <td>790056</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></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></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></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></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></tr> </tbody> </table> | | DATE (mm-dd-yy) | TIME | Type** | | | | SAMPLE DESCRIPTION | Water Trax # (if appl) | Resample (Yes or No?) | ICPMS 1 (Pb) | Free | Total | Containers Received | TEMP | Btl. Type | Lab ID | R | T | D | P | 06-20-16 | 7:10 | | | | X | CR-J (Standing) | | X | | | | 1 | 15 | LP | 790055 | 06-20-16 | 7:45 | | | | X | CR-J (Flushed) | | X | | | | 1 | ↓ | ↓ | 790056 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CONFIRMATION REPORT SENT | | | | | | | | | | | | | |
| DATE (mm-dd-yy) | TIME | | | Type** | | | | | | | | | | | | | | SAMPLE DESCRIPTION | Water Trax # (if appl) | Resample (Yes or No?) | ICPMS 1 (Pb) | Free | Total | Containers Received | TEMP | Btl. Type | Lab ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | R | T | D | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06-20-16 | 7:10 | | | | X | CR-J (Standing) | | X | | | | 1 | 15 | LP | 790055 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06-20-16 | 7:45 | | | | X | CR-J (Flushed) | | X | | | | 1 | ↓ | ↓ | 790056 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) Adverse and Exceedance Notification Information: 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> | | | | | | | | Waterworks # <u>500040301</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS/FIELD NOTES: <u>SAMPLE TAKEN IN DAY CARE</u> ESTIMATED STANDING TIME: < 24 HRS | | | | | | | | O. REG. 170/318/319 Only: Public Health Unit: <u>SDHU</u> Phone: <u>705-527-9200</u> Relinquished to Testmark By (Signature) <u>M. Lavallee</u> Date: <u>06-20-16</u> Time: <u>14:15</u> Shipping Reference: <u>N/A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sampled By (Print and Sign) <u>M. Lavallee</u> Date: <u>06-20-16</u> Time: <u>9:07</u> | | | | Shipped By <u>Hand</u> | | | | Received at Testmark By <u>M. Anderson</u> Date: <u>June 20, 2016</u> Time: <u>14:15</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*** 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 - C.R. Judd Public School
Contact: Mark Bocy
Project Number:
Work Order #: 276634
Date Received: 6/20/2016
Method of Shipment: Hand
Waybill Reference #: N/A
Estimated Date of Completion*: 6/28/2016
Water Works #: 500040301

Sample Details

| Sample Number | Sample Date | Sample Description | Analysis | Regulation (if applicable) |
|---------------|-------------|--------------------|------------------|----------------------------|
| 790055 | 6/20/2016 | CR.J (Standing) | ICPMS Water | O.Reg. 243/07 |
| 790055 | 6/20/2016 | CR.J (Standing) | MetalsWater/Prep | O.Reg. 243/07 |
| 790056 | 6/20/2016 | CR.J (Flushed) | ICPMS Water | O.Reg. 243/07 |
| 790056 | 6/20/2016 | CR.J (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.