



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Carl A. Nesbitt Public School
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 690-0323 / (705) 671-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 276487
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500046034
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
Room 12 (Standing)	727770	Treated Water	Plumbing		6/16/2016	7:00 AM
Room 12 (Flushed)	727771	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



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RDSB - Carl A. Nesbitt Public School

Work Order Number: 276487

WORK ORDER RESULTS

Sample Description	Room 12 (Standing)		Room 12 (Flushed)			
Lab ID	727770		727771			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	2.26	0.1	1.05	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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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
Room 12 (Flushed)	727771	ICPMS Water	20160623.R13-5o	20160623.R52P
Room 12 (Standing)	727770	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 - Carl A. Nesbitt P.S.</u> Public School				Client: _____				TM Quote #: _____				
Address: <u>1241 Roy Street</u>				Address: _____				Client P.O. #: _____				
<u>Sudbury, ON P3A 3M5</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				
<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								
QC DATA REPORTED				<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard								
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
SAMPLE DISPOSAL				SPECIFIC DATE: Fri 24				Residual Chlorine Free Total				
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				* Prior arrangements must be made for rush/weekend/holiday work								
SAMPLING				Water Trax # (if appl)				CONTAINERS RECEIVED 276487				
DATE (mm-dd-yy)	TIME	Type**		SAMPLE DESCRIPTION		Resample (Yes or No?)						ICPMS 1 (Pb)
		R	T	D	P					TEMP	Btl. Type	Lab ID
<u>6-16-16</u>	<u>7</u>				X	<u>Room 12</u>		X		<u>14</u>	<u>1LP</u>	<u>727770</u>
<u>6-16-16</u>	<u>7:25</u>				X	<u>↓</u>		X		<u>14</u>	<u>1LP</u>	<u>727771</u>
CONFIRMATION REPORT SENT												
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)						Waterworks # <u>500046304</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						
Adverse and Exceedance Notification Information:						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>[Signature]</u> Date _____ Time _____						
Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u>						ESTIMATED STANDING TIME: Sampled By (Print and Sign) <u>[Signature]</u> Date <u>2016-06-16</u> Time _____ Shipped By <u>[Signature]</u> Hand Shipping Reference <u>82389</u>						
Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>						Received at Testmark By <u>[Signature]</u> em Date <u>6/16/16</u> Time <u>1105</u>						
COMMENTS/FIELD NOTES:												



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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 - Carl A. Nesbitt Public School
Contact: Mike Lavallee
Project Number:
Work Order #: 276487
Date Received: 6/17/2016
Method of Shipment: Hand
Waybill Reference #: 22389
Estimated Date of Completion*: 6/24/2016
Water Works #: 500046034

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727770	6/16/2016	Room 12 (Standing)	ICPMS Water	O.Reg. 243/07
727770	6/16/2016	Room 12 (Standing)	MetalsWater/Prep	O.Reg. 243/07
727771	6/16/2016	Room 12 (Flushed)	ICPMS Water	O.Reg. 243/07
727771	6/16/2016	Room 12 (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.