

CERTIFICATE OF ANALYSIS

Client: Mark Bocy

RDSB - Central Manitoulin Public School

276274

Company: Address:

69 Young St.

Regulation:

O.Reg. 243/07

Sudbury, ON, P3E 3G5

Project #:

PO #:

DWS #: 500039027

Email:

Phone/Fax:

(705) 690-0323 / (705) 671-2442 bocym@rainbowschools.ca;

Sampled By:

lavallm@rainbowschools.ca

Analysis Started:

6/20/2016

Date Order Received: Arrival Temperature:

6/15/2016 10 °C

Analysis Completed:

Work Order Number:

6/21/2016

WORK ORDER SUMMARY

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

Sample Description	Lab ID	Matrix	Туре	Comments	Date Collected	Time Collected
DayCare (15) (Standing)	727250	Treated Water	Plumbing		6/15/2016	6:30 AM
DayCare (15) (Flushed)	727251	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: 10 hrs

This report has been approved by:

Khaled Omari, Ph.D. Laboratory Director

> 7 Margaret Street, Garson, ON, P3L 1E1 Phone: (705) 693-1121 Fax: (705) 693-1124 Web: www.testmark.ca



CERTIFICATE OF ANALYSIS

RDSB - Central Manitoulin Public School

WORK ORDER RESULTS

Sample Description	DayCare (15	5) (Standing)	5) (Flushed)			
Lab ID	727	250	727	251		
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.49 0.1 0.1 0.1					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.

Work Order Number: 276274

CERTIFICATE OF ANALYSIS

RDSB - Central Manitoulin Public School Work Order Number: 276274

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	20160620.R13-5o
Method Blank						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	1	ug/L	0	<1	1	20160620.R13-5o
Positive Control						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	98.3	120	20160620.R13-5o
Reference Sample						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	80	100	120	20160620.R13-5o
Sample Spike						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	90.4	130	20160620.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 (15) (Flushed)	727251	ICPMS Water	20160620.R13-5o	20160620.R52M
DayCare (15) (Standing)	727250	ICPMS Water	20160620.R13-5o	20160620.R52M



DRINKING WATER CHAIN OF CUSTODY FORM

Page	1	of	
		641	

Address: 35 Young Street Address Addres		*				Pleas	se use our G	eneral Chain	of C	ust	ody	For	rm f	or n	on-c	Irin	king	wat	er s	amp	le :	subi	miss	ions				
Client ROSS - Central Manitoulin P.S. Client Address S6 Young Street Address S0 Young Street Address S0 Young Street Address S0 Young Street Address S0 Young Street S0 Young St	REPORT	r TO:							IN	VOI	CE	TO:				fro	m R	еро	rt)					PR	DJECT	NFORM	ATIO	N:
Mickeroys, ON POP ISI Mark Booy	Client:				RDS	SB - Central Manit	toulin P.S.		Client: RDSB *										TM Quote #:									
Contact: Mark Booy	Address:	56 Young Street																	Client P.O. #:									
Contact Mark Bocy Mark Bocy Contact Mark Bocy Contact Mark Bocy Mark Boc	_					Mindemoya, ON P	0P 1S0					5	ulb.	y (Ú/Ŧ									Clien	t Project#			
Proper Topic Fax Proper Proper	Contact:					Mark Bocy			Con	tact:			>	7											224.052 4			
REPORTING/INVOICING FORMAT Fix Plant	Email:		boo	ym@r	ainbo	wschools.ca; lavall	m@rainbowschoo	ls.ca	Fma	ail:		=>)											1				
Flat Business Days 2 Bus	Phone:	705	5-674	1-3174		Fax:	· · · · · · · · · · · · · · · · · · ·		Pho																			
□ SAMPLE DISPOSAL □ Hold □ Oispose □ Return SAMPLING OATE (mm-dd-yn) TiME □ Type** R T D P SAMPLE DESCRIPTION Water Trax # (if appl) SAMPLE DISPOSAL □ TiME □ Type** R T D P SAMPLE DESCRIPTION Water Trax # (if appl) SAMPLE DISPOSAL □ TiME □ Type** R T D P SAMPLE DESCRIPTION Water Trax # (if appl) SAMPLE DESCRIPTION Waterworks # 500039027 ♥ O. REG. 170 □ O. REG. 318/319 CONFIRMATION REPORT **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 / O.REG. 243) Moverse and Exceedance Notification Information: Name: Mark Booy Cell: 705-691-3174 x 7231 COMMENTS/FIELD NOTES: **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 O.REG. 243) OO. REG. 318/319 / O.REG. 243 □ O.DWS SIN Form Submitted to MoE/PHU? Not Applicable □ Yes □ No	REPORTI	NG/INVOI	CINC	For	TAM	Turn A	ROUND TIME (TAT)*						A	NALY	SIS	REOL	JESTE	D						LABOR	ATORY	ISE O	NIV
DATE TIME Type** SAMPLE DESCRIPTION # (if appl)	Fax	✓Email		Mail		1 Business D	ay 🔲2 Busin	iess Days															e e		V/AVV			Name of the last o
DATE TIME Type** SAMPLE DESCRIPTION # (if appl)	Q	C DATA RE	POR	TED		☐3 Business D	ays 🖸 Standa	ırd	No					-								•	5	9				,
DATE (mm-dd-yy) TIME R T D P	✓Yes			∐No				- 02	o			0								- 6		7	5	1 1				
DATE (mm-dd-yy) TIME R T D P	S	AMPLE DIS	POS	AL			11111-	525	(es	3				2					a	- 9			ē	ZEC				- 13
DATE TIME Type** SAMPLE DESCRIPTION # (if appl)	Hold	☑Dispose	. [∏Retu	ırn				()	E E					*		1095	3	1		-	-	D S		-	11 0	-	
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243 O.REG. 318 / 319 / O.REG. 243		SAMPLI	_				Water Tray & S 9							ALINE		00												
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 318 / 319 / O.REG. 243 O.REG. 318 / 319 / O.REG. 243		TIME	<u></u>			SAMPLE DES	SCRIPTION	111111111111111111111111111111111111111	ssaı	PM											1	ee	ta	JAN T		40		
**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: Mark Bocy	(mm-aa-yy	<u> </u>	R	TD	_	0 0			×	+	-					_	_	-			1	ιĽ	F	Ŏ	TEMP	Btl. Typ		TOTAL TE
**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: Mark Bocy Cell: 705-690-0323 Phone: 705-671-3174 x 7231 Fax: 705-761-2442 COMMENTS/FIELD NOTES: COMMENTS/FIELD NOTES: Date Time Sampled By (Prief and Sign) Average Research (Signature) Constant Position (O.REG. 170	06-15-1		-	_					╂—		-		-	-		_	_	-		_					10	FF		
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 / O.REG. 243 O.REG. 318/319 / O.REG. 243 O	06/15-11	1.05		-	X	Day Carre ((Flushed)			X				-		-	-	-			-+				-	~	10	1901
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Soundation of the Company of	T		\vdash		+					\vdash				\dashv	\dashv			-		-	-		-				-	
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 **Soundation of the Company of	AS P	ex bo	+	e5	W	D. 6-15	140		1					\dashv				+	-								r DO	RT
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318/319 / O.REG. 243 O.REG. 318/319 / O.REG. 243 O					+	1			 	<u> </u>						1	1				-	ľ	ON	FIF	TAME	ION H	EFU	1111
Adverse and Exceedance Notification Information: Name: Mark Bocy Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: COMMENTS/FIELD NOTES: Commendate of the property of the							-				ļ							1					N-	4.5	CI	TU		
Adverse and Exceedance Notification Information: Name: Mark Bocy Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: COMMENTS/FIELD NOTES: Commendate of the property of the																									- 01			
Adverse and Exceedance Notification Information: Name: Mark Bocy Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: COMMENTS/FIELD NOTES: Commendate of the property of the							•																					
Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: O. REG. 170/318/319 Only: Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) Page 15 Sampled By (Print and Sign) Phone: 705-522-9200 Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) Sampled By (Print and Sign) Shipping Reference							ition, P=Plumb	oing (O.REG. 1	70 /	7		Z	Wate	rworks	s #	500	0390	27 ✓							318/319			
Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: O. REG. 170/318/319 Only: Phone: 705-522-9200 Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) Date Time Sampled By (Print and Sign) Date Shipping Reference												017											-			_		_
Phone: 705-671-3174 x 7231 COMMENTS/FIELD NOTES: O. REG. 170/318/319 Only: Phone: 705-522-9200 Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) Date Time Sampled By (Print and Sign) Date Shipping Reference								LSN Form Submitted to MOE/PHU?								licable												
COMMENTS/FIELD NOTES: O. REG. 170/318/319 Only: Public Health Unit: SDHU Fax: 705-522-9200 Relinquished to Testmark By (Signature) Date Time Sampled By (Print and Sign) Date Shipping Reference	-							Are these water samples for human consumption								2102												
Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) ESTIMATED STANDING TIME: Date Date Shipping Reference														510/515.														
ESTIMATED STANDING TIME: Sampled By (Print and Sign) Date Shipping Reference	COMMENTALIZED NOTES.								,			•			•							_						
Sampled By (Print and Sign) Date J Time Shipped By	10-1751								Rel	inqu	ished	d to	Гest	marl	к Ву	(Sigi	natu	re)				Date		Time	e			
Sampled By (Print and Sign) Date Time Shipped By Shipping Reference						TIME:								100714													and the same of	
The state of the s	Sampled	By (Print	and	l Sign			Date	15/14	Tin	ne	03	Shi	ppec	Ву									d		Shippin	g Refere	nce	
Received By (Print and Sign) Date Time Received at Testmark By Date Time	Possive	By (Brint	201	d Sign	1)			1.7 1991	Tin			Por	raivo	d at	Tort	imar	rk Du				YX	11	101		Date		Time	e e
Six Malluh Sm 3 American State To Cold 1124 (8) - 705 (82 1124 (8) - 705 (8) - 705 (8) - 705 (82 1124 (8) - 705 (8) - 705 (8) - 705 (82 1124 (8) - 705 (8) - 70	Acc	Mallin)	u Jiyi	'' <	Sm	June	15/16									х Бу	1			4	21	n	,	0-1	0-16	13	350

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.



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 - Central Manitoulin Public School

Contact: Mark Bocy

Project Number:

Work Order #: 276274

Date Received: 6/15/2016

Method of Shipment: Hand

Waybill Reference #: N/A

Estimated Date of Completion*: 6/23/2016

Water Works #: 500039027

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727250	6/15/2016	DayCare (15) (Standing)	ICPMS Water	O.Reg. 243/07
727250	6/15/2016	DayCare (15) (Standing)	MetalsWater/Prep	O.Reg. 243/07
727251	6/15/2016	DayCare (15) (Flushed)	ICPMS Water	O.Reg. 243/07
727251	6/15/2016	DayCare (15) (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.