



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Chelmsford P.S.
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: 276620
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500046073
Sampled By:

Date Order Received: 6/20/2016
Arrival Temperature: 15 °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
CSPS (Standing)	790025	Treated Water	Plumbing		6/20/2016	6:40 AM
CSPS (Flushed)	790026	Treated Water	Plumbing		6/20/2016	7:15 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

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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RDSB - Chelmsford P.S.

Work Order Number: 276620

WORK ORDER RESULTS

Sample Description	CSPS (Standing)		CSPS (Flushed)			
Lab ID	790025		790026			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.2	0.1	0.58	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 - Chelmsford P.S.

Work Order Number: 276620

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.R13-5o1	
Method Blank							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160623.R13-5o1	
Positive Control							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	100	120	20160623.R13-5o1	
Reference Sample							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	99.8	120	20160623.R13-5o1	
Sample Spike							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	94.9	130	20160623.R13-5o1	

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

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
CSPS (Flushed)	790026	ICPMS Water	20160623.R13-5o1	20160623.R52Q
CSPS (Standing)	790025	ICPMS Water	20160623.R13-5o1	20160623.R52Q

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 - Central Manitoulin P.S.</u> Address: <u>56 Young Street</u> <u>Mindemoya, ON P0P 1S0</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: <u>RDSB</u> Address: <u>56 Young St</u> <u>Subby Crst</u> Contact: _____ Email: _____ Phone: _____ Fax: _____	PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: _____ Client Project #: _____
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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>Thurs 23</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Resample (Yes or No?)</th> <th colspan="10">ANALYSIS REQUESTED</th> <th colspan="2">Residual Chlorine</th> </tr> <tr> <th>ICPMS 1 (Pb)</th> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> <th>Free</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;">x</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 style="text-align: center;">x</td> <td style="text-align: center;">x</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>	Resample (Yes or No?)	ANALYSIS REQUESTED										Residual Chlorine		ICPMS 1 (Pb)											Free	Total	x	x													x	x													LABORATORY USE ONLY WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">276274</div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CONTAINERS RECEIVED</th> <th>TEMP</th> <th>Btl. Type</th> <th>Lab ID</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> <td style="text-align: center;">LP</td> <td style="text-align: center;">727250</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">727251</td> </tr> </tbody> </table>	CONTAINERS RECEIVED	TEMP	Btl. Type	Lab ID	1	10	LP	727250	1	↓	↓	727251
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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>	REGULATION Waterworks # <u>500039027</u> <input checked="" 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
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COMMENTS/FIELD NOTES: <div style="background-color: orange; padding: 5px; display: inline-block;">10-Mins</div>	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) _____ Date _____ Time _____
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ESTIMATED STANDING TIME: Sampled By (Print and Sign) <u>[Signature]</u> Date <u>6-15-16</u> Time <u>6:30</u>	Shipped By <u>hand em</u> Shipping Reference <u>N/A</u>	Received By (Print and Sign) <u>[Signature]</u> Date <u>6-15-16</u> Time <u>1:50</u>	Received at Testmark By _____ Date _____ Time _____
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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.



TESTMARK Laboratories Ltd.

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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 - 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.