



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Copper Cliff Public School
Address: 69 Young St
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 929-4787 / (705) 761-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 276486
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045852
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 102 DAYCARE (Standing)	727768	Treated Water	Plumbing		6/16/2016	7:00 AM
Rm 102 DAYCARE (Flushed)	727769	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 - Copper Cliff Public School

Work Order Number: 276486

WORK ORDER RESULTS

Sample Description	Rm 102 DAYCARE (Standing)		Rm 102 DAYCARE (Flushed)			
Lab ID	727768		727769			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	3.01	0.1	1.01	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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Work Order Number: 276486

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 102 DAYCARE (Flushed)	727769	ICPMS Water	20160623.R13-5o	20160623.R52P
Rm 102 DAYCARE (Standing)	727768	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: RDSB - Copper Cliff P.S. <i>Public School</i>				Client: _____				TM Quote #: _____					
Address: 50 School Street				Address: _____				Client P.O. #: _____					
Copper Cliff, ON P0M 1N0				Contact: _____				Client Project #: _____					
Contact: Mike Lavallee				Email: _____				_____					
Email: <u>lavallm@rainbowschools.ca</u>				Phone: _____				_____					
Phone: 705-674-3174 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		<div style="border: 2px solid blue; border-radius: 50%; width: 50px; height: 50px; margin: 0 auto;"></div>						Residual Chlorine Free Total		CONTAINERS RECEIVED 276486	
<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		SAMPLE DESCRIPTION		Water Trax # (if appl)							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		SAMPLE DATE: <i>Fri 24</i>									
				* Prior arrangements must be made for rush/weekend/holiday work									
SAMPLING													
DATE (mm-dd-yy)	TIME	Type**											
		R	T	D	P								
<i>06-16-16</i>	<i>7</i>				<i>X</i>	<i>Rm 102 Daycare (Standing)</i>				<i>1 14</i>			
<i>06-16-16</i>	<i>7:35</i>				<i>X</i>	<i>(Flushed)</i>				<i>1 14</i>			
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)				REGULATION		Waterworks # <u>500045852</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							
COMMENTS/FIELD NOTES:						Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						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>Hand</i> Shipping Reference <i>22389</i>							
Sampled By (Print and Sign) <i>Debbie Rodgers</i>		Date <i>2016-06-16</i>		Time _____		Received at Testmark By <i>em</i>		Date <i>6/16/16</i>		Time <i>1105</i>			

CONFIRMATION REPORT SENT

*** 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.



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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 - Copper Cliff Public School
Contact: Mike Lavallee
Project Number:
Work Order #: 276486
Date Received: 6/17/2016
Method of Shipment: Hand
Waybill Reference #: 22389
Estimated Date of Completion*: 6/24/2016
Water Works #: 500045852

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727768	6/16/2016	Rm 102 DAYCARE (Standing)	ICPMS Water	O.Reg. 243/07
727768	6/16/2016	Rm 102 DAYCARE (Standing)	MetalsWater/Prep	O.Reg. 243/07
727769	6/16/2016	Rm 102 DAYCARE (Flushed)	ICPMS Water	O.Reg. 243/07
727769	6/16/2016	Rm 102 DAYCARE (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.