



## CERTIFICATE OF ANALYSIS

Client:	Mike Lavallee	Work Order Number:	276497
Company:	RDSB - Ernie Checkers Public School	PO #:	
Address:	69 Young St RDSB - Westmount Avenue Public School Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 929-4787 / (705) 761-2442	Project #:	
Email:	lavallm@rainbowschools.ca	DWS #:	500039183
Date Order Received:	6/17/2016	Analysis Started:	6/23/2016
Arrival Temperature:	14 °C	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 #2 (Standing)	727798	Treated Water	Plumbing		6/16/2016	7:00 AM
Rm #2 (Flushed)	727799	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



**TESTMARK Laboratories Ltd.**

*Committed to Quality and Service*

## CERTIFICATE OF ANALYSIS

RDSB - Ernie Checkers Public School

Work Order Number: 276497

### WORK ORDER RESULTS

Sample Description	Rm #2 (Standing)		Rm #2 (Flushed)			
Lab ID	727798		727799			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.1 [0.1]	0.1	<0.1	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.

[ ]: Results for laboratory replicates are shown in square brackets immediately below the associated sample result for ease of comparison.

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 - Ernie Checkeris Public School

Work Order Number: 276497

**QUALITY CONTROL DATA**

THIS SECTION REPORTS QC RESULTS ASSOCIATED WITH THE TEST BATCH; THESE ARE NOT YOUR SAMPLE RESULTS

<b>Metals</b>							
<b>%RPD</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	0	N/A	20	20160623.R13-5o1	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160623.R13-5o1	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	100	120	20160623.R13-5o1	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	99.8	120	20160623.R13-5o1	
<b>Sample Spike</b>							
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
Rm #2 (Flushed)	727799	ICPMS Water	20160623.R13-5o1	20160623.R52Q
Rm #2 (Standing)	727798	ICPMS Water	20160623.R13-5o1	20160623.R52Q
Rm #2 (Standing)	727798r	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

<b>REPORT TO:</b>		<b>INVOICE TO: (if different from Report)</b>		<b>PROJECT INFORMATION:</b>	
Client:	<u>Public School</u> RDSB - Ernie Checkaris P.S.	Client:		TM Quote #:	
Address:	1570 Agincourt Ave Sudbury, ON P3A 3K3	Address:		Client P.O. #:	
Contact:	Mike Lavallee	Contact:		Client Project #:	
Email:	lavallm@rainbowschools.ca	Email:			
Phone:	705-674-3174 Fax:	Phone:			

<b>REPORTING/INVOICING FORMAT</b>		<b>TURN AROUND TIME (TAT)*</b>		<b>ANALYSIS REQUESTED</b>										<b>LABORATORY USE ONLY</b>			
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard		<div style="border: 2px solid blue; border-radius: 50%; width: 50px; height: 50px; margin: 0 auto;"></div>										Residual Chlorine Free Total		CONTAINERS RECEIVED <div style="font-size: 2em; color: red; text-align: center;">276497</div>	
<b>QC DATA REPORTED</b>		<b>SPECIFIC DATE:</b>															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Fri 24</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>		<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		DATE (mm-dd-yy) TIME Type** R T D P		SAMPLE DESCRIPTION		Water Trax # (if appl)		TEMP Btl. Type Lab ID					
				<u>05-16-16</u> <u>7</u> X <u>Rm#2</u> (Standing)		X				<u>14</u> <u>1LP</u> <u>727798</u>							
				<u>05-16-16</u> <u>7:30am</u> X <u>↓</u> (Flushed)		X				<u>14</u> <u>1LP</u> <u>727799</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>500039183</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		
<b>Adverse and Exceedance Notification Information:</b> 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>			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		
<b>COMMENTS/FIELD NOTES:</b>			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:		
<b>ESTIMATED STANDING TIME:</b>			Shipped By <u>Hand</u> Shipping Reference <u>22389</u>		
Sampled By (Print and Sign) <u>Cam Coulter</u>		Date <u>2016-06-16</u>	Time	Received at Testmark By <u>em</u>	
Received By (Print and Sign)		Date <u>2016-06-16</u>	Time	Date <u>6/16/16</u>	Time <u>1105</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 - Ernie Checkeris Public School  
Contact: Mike Lavallee  
Project Number:  
Work Order #: 276497  
Date Received: 6/17/2016  
Method of Shipment: Hand  
Waybill Reference #: 22389  
Estimated Date of Completion\*: 6/24/2016  
Water Works #: 500039183

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727798	6/16/2016	Rm #2 (Standing)	ICPMS Water	O.Reg. 243/07
727798	6/16/2016	Rm #2 (Standing)	MetalsWater/Prep	O.Reg. 243/07
727799	6/16/2016	Rm #2 (Flushed)	ICPMS Water	O.Reg. 243/07
727799	6/16/2016	Rm #2 (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](mailto: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.