



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Larchwood Public School
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: 276628
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500046086
Sampled By:

Date Order Received: 6/20/2016
Arrival Temperature: 12 °C

Analysis Started: 6/24/2016
Analysis Completed: 6/27/2016

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
LAR (Standing)	790043	Treated Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/20/2016	6:35 AM
LAR (Flushed)	790044	Treated Water	Plumbing		6/20/2016	7:10 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 Staff Room
Lead exceedance reported Sample ID#790043. 06/27/16 AA

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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WORK ORDER RESULTS

Sample Description	LAR (Standing)		LAR (Flushed)			
Lab ID	790043		790044			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	23.7	0.1	0.6	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	0.3	20	20160624.R13-5o	
Method Blank							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160624.R13-5o	
Positive Control							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	97.4	120	20160624.R13-5o	
Reference Sample							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	99.4	120	20160624.R13-5o	
Sample Spike							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	90.7	130	20160624.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
LAR (Flushed)	790044	ICPMS Water	20160624.R13-5o	20160624.R52K
LAR (Standing)	790043	ICPMS Water	20160624.R13-5o	20160624.R52K

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 - Larchwood P.S.</u>				Client: _____				TWI Quote #: _____									
Address: <u>43 Main Street</u>				Address: _____				Client P.O. #: _____									
<u>Dowling, ON P0M 1R0</u>				_____				Client Project #: _____									
Contact: <u>Mark Bocy</u>				Contact: _____				_____									
Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u>				Email: _____				_____									
Phone: <u>705-674-3174</u> 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															
QC DATA REPORTED		<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard		Resample (Yes or No?)								Residual Chlorine					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SPECIFIC DATE: <u>Tues 28</u>															
SAMPLE DISPOSAL		* Prior arrangements must be made for rush/weekend/holiday work		ICPMS 1 (Pb)								CONTAINERS RECEIVED <u>276628</u> <u>721228</u>					
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return																	
SAMPLING				Water Trax # (if appl)				Free Total				TEMP Btl. Type Lab ID					
DATE (mm-dd-yy)	TIME	Type**															
		R	T	D	P												
<u>06-20-16</u>	<u>6:35</u>				<u>X</u>	<u>LAR (Standing)</u>				<u>1 12 LP 790043</u>							
<u>06-20-16</u>	<u>7:10</u>				<u>X</u>	<u>LAR (Flushed)</u>				<u>1 ↓ ↓ 790044</u>							
<u>Lead exceedance reported. 06/27/16 AA Lab 10 # 790043.</u>												CONFIRMATION REPORT SENT					
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)						REGULATION						Waterworks # <u>500046086</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					
Adverse and Exceedance Notification Information:						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					
Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u>						Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Phone: <u>705-522-9200</u>					
Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>						O. REG. 170/318/319 Only:						Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u>					
COMMENTS/FIELD NOTES: <u>staff room</u>						Relinquished to Testmark By (Signature): <u>m. Red</u>						Date: <u>06-20-16</u> Time: <u>14:15</u>					
ESTIMATED STANDING TIME: <u>< 24 HRS</u>						Shipped By: <u>M. and</u>						Shipping Reference: <u>N/A</u>					
Sampled By (Print and Sign) <u>M. Lalancette</u> Date: <u>06-20-16</u>				Time: <u>12:11</u>		Received at Testmark By: <u>pm. Andreea</u>				Date: <u>June 20/16</u>		Time: <u>1415</u>					
Received By (Print and Sign) <u>M. Lavallee</u> Date: <u>06-20-16</u>				Time: <u>12:11</u>													



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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 - Larchwood Public School
Contact: Mark Bocy
Project Number:
Work Order #: 276628
Date Received: 6/20/2016
Method of Shipment: Hand
Waybill Reference #: N/A
Estimated Date of Completion*: 6/28/2016
Water Works #: 500046086

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
790043	6/20/2016	LAR (Standing)	ICPMS Water	O.Reg. 243/07
790043	6/20/2016	LAR (Standing)	MetalsWater/Prep	O.Reg. 243/07
790044	6/20/2016	LAR (Flushed)	ICPMS Water	O.Reg. 243/07
790044	6/20/2016	LAR (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.