



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

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

Work Order Number: 276482  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500141350  
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
CAF KITCHEN (Standing)	727759	Treated Water	Plumbing		6/16/2016	7:00 AM
CAF KITCHEN (Flushed)	727760	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 - Lively District Secondary School

Work Order Number: 276482

### WORK ORDER RESULTS

Sample Description	CAF KITCHEN (Standing)		CAF KITCHEN (Flushed)			
Lab ID	727759		727760			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.81 [0.84]	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.



**CERTIFICATE OF ANALYSIS**

RDSB - Lively District Secondary School

Work Order Number: 276482

**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.R13-5o	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160623.R13-5o	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	96.3	120	20160623.R13-5o	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	98	120	20160623.R13-5o	
<b>Sample Spike</b>							
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
CAF KITCHEN (Flushed)	727760	ICPMS Water	20160623.R13-5o	20160623.R52P
CAF KITCHEN (Standing)	727759	ICPMS Water	20160623.R13-5o	20160623.R52P
CAF KITCHEN (Standing)	727759r	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

<b>REPORT TO:</b>					<b>INVOICE TO: (if different from Report)</b>					<b>PROJECT INFORMATION:</b>																																																																																																																																						
Client: <u>RDSB - Lively District S.S.</u>					Client: _____					TM Quote #: _____																																																																																																																																						
Address: <u>265 5th Avenue</u>					Address: _____					Client P.O. #: _____																																																																																																																																						
<u>Lively, ON P3Y 1M4</u>										Client Project #: _____																																																																																																																																						
Contact: <u>Mike Lavallee</u>					Contact: _____																																																																																																																																											
Email: <u>lavallm@rainbowschools.ca</u>					Email: _____																																																																																																																																											
Phone: <u>705-674-3174</u> Fax: _____					Phone: _____ Fax: _____																																																																																																																																											
<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail					<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard					<b>ANALYSIS REQUESTED</b>					<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER:																																																																																																																																	
<b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<b>SPECIFIC DATE:</b> <u>Fri 24</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>										<b>Residual Chlorine</b> <input type="checkbox"/> Free <input type="checkbox"/> Total					CONTAINERS RECEIVED: <u>276482</u>																																																																																																																												
<b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return					<b>SAMPLE DESCRIPTION</b> <b>Water Trax # (if appl)</b>															<table border="1" style="width:100%; height: 100%;"> <thead> <tr> <th rowspan="2">DATE (mm-dd-yy)</th> <th rowspan="2">TIME</th> <th colspan="4">Type**</th> <th rowspan="2">Water Trax #</th> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th rowspan="2">Residual Chlorine Free</th> <th rowspan="2">Residual Chlorine Total</th> <th rowspan="2">TEMP</th> <th rowspan="2">Btl. Type</th> <th rowspan="2">Lab ID</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> </tr> </thead> <tbody> <tr> <td><u>06/16/16</u></td> <td><u>7</u></td> <td></td> <td></td> <td></td> <td><u>X</u></td> <td><u>CAF KITCHEN (Standing)</u></td> <td></td> <td><u>X</u></td> <td></td> <td></td> <td><u>14</u></td> <td><u>HP</u></td> <td><u>727759</u></td> </tr> <tr> <td><u>06/16/16</u></td> <td><u>7:35</u></td> <td></td> <td></td> <td></td> <td><u>X</u></td> <td><u>(Flushed)</u></td> <td></td> <td><u>X</u></td> <td></td> <td></td> <td><u>14</u></td> <td><u>HP</u></td> <td><u>727760</u></td> </tr> <tr><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> </td><td> </td></tr> <tr><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> </td><td> </td></tr> <tr><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> </td><td> </td></tr> <tr><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> </td><td> </td></tr> <tr><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> </td><td> </td></tr> <tr><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> </td><td> </td></tr> </tbody> </table>					DATE (mm-dd-yy)	TIME	Type**				Water Trax #	Resample (Yes or No?)	ICPMS 1 (Pb)	Residual Chlorine Free	Residual Chlorine Total	TEMP	Btl. Type	Lab ID	R	T	D	P	<u>06/16/16</u>	<u>7</u>				<u>X</u>	<u>CAF KITCHEN (Standing)</u>		<u>X</u>			<u>14</u>	<u>HP</u>	<u>727759</u>	<u>06/16/16</u>	<u>7:35</u>				<u>X</u>	<u>(Flushed)</u>		<u>X</u>			<u>14</u>	<u>HP</u>	<u>727760</u>																																																																										
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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>					<b>REGULATION</b> Waterworks # <u>500141530</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <input checked="" type="checkbox"/> <u>O. REG. 243</u> <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					<b>CONFIRMATION REPORT SENT</b> <u>350-00 per minutes 1st p</u>																																																																																																																																						
															COMMENTS/FIELD NOTES:					O. REG. 170/318/319 Only: Phone: <u>705-522-9200</u> Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u>																																																																																																																												
<b>ESTIMATED STANDING TIME:</b> Sampled By (Print and Sign) <u>LAURENCE DESJARDINS</u> Date <u>2016-06-16</u> Time _____ Received By (Print and Sign) <u>MARK BOCY</u> Date <u>2016-06-16</u> Time _____					Relinquished to Testmark By (Signature) <u>[Signature]</u> Date _____ Time _____					Shipping Reference: <u>22389</u>																																																																																																																																						
					Shipped By <u>Hand</u>					Received at Testmark By <u>em</u> Date <u>6/16/16</u> Time <u>1105</u>																																																																																																																																						



# **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 - Lively District Secondary School  
Contact: Mike Lavallee  
Project Number:  
Work Order #: 276482  
Date Received: 6/17/2016  
Method of Shipment: Hand  
Waybill Reference #: 22389  
Estimated Date of Completion\*: 6/24/2016  
Water Works #: 500141350

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727759	6/16/2016	CAF KITCHEN (Standing)	ICPMS Water	O.Reg. 243/07
727759	6/16/2016	CAF KITCHEN (Standing)	MetalsWater/Prep	O.Reg. 243/07
727760	6/16/2016	CAF KITCHEN (Flushed)	ICPMS Water	O.Reg. 243/07
727760	6/16/2016	CAF KITCHEN (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.