



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Lockerby Composite School
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Work Order Number: 276227
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040314
Sampled By:

Date Order Received: 6/15/2016
Arrival Temperature: 15 °C

Analysis Started: 6/17/2016
Analysis Completed: 6/20/2016

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
Café (Standing)	727132	Treated Water	Plumbing		6/15/2016	6:30 AM
Café (Flushed)	727133	Treated Water	Plumbing		6/15/2016	7:05 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 : 8 hours

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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WORK ORDER RESULTS

Sample Description	Café (Standing)		Café (Flushed)		Units	Criteria: O.Reg. 243/07
Lab ID	727132		727133			
Metals	Result	MDL	Result	MDL		
Lead	1.98	0.1	0.72	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	N/A	20	20160617.R13-5o	
Method Blank							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160617.R13-5o	
Positive Control							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	95	120	20160617.R13-5o	
Reference Sample							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	100	120	20160617.R13-5o	
Sample Spike							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	95	130	20160617.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
Café (Flushed)	727133	ICPMS Water	20160617.R13-5o	20160617.R52I
Café (Standing)	727132	ICPMS Water	20160617.R13-5o	20160617.R52I

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 - Lockerby Composite School</u> Address: <u>1391 Ramsey View Crescent</u> <u>Sudbury, ON P3E 5T4</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>69 young</u> <u>Sudbury</u> Contact: _____ Email: _____ Phone: _____ Fax: _____				PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: _____ Client Project #: _____					
REPORTING/INVOICING FORMAT <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail		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		ANALYSIS REQUESTED				Residual Chlorine Free Total		LABORATORY USE ONLY WORK ORDER NUMBER: <u>276227</u>			
QC DATA REPORTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SPECIFIC DATE: <u>Thurs 23</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>											
SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		SAMPLING		Resample (Yes or No?) ICPMS 1 (Pb)									
				Water Trax # (if appl)									
				SAMPLE DESCRIPTION									
				DATE (mm-dd-yy)				TIME		Type** R T D P			
				CONFIRMATION REPORT SENT									
				REGULATION									
				Waterworks # <u>500040314</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									
				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									
				O. REG. 170/318/319 Only: Public Health Unit: <u>SDHU</u> Phone: <u>705-522-9200</u> Relinquished to Testmark By (Signature) <u>disa Polano</u> Date <u>June 15/16</u> Time <u>9:15am</u>									
				ESTIMATED STANDING TIME: <u>8 hours</u>									
				Shipped By <u>Hand</u>									
				Received at Testmark By <u>Andrea SR</u>									