



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client:	Mark Bocy	Work Order Number:	276532
Company:	RDSB - Northeastern S.S. Elementary School	PO #:	
Address:	Prog. 69 Young St Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 690-0323 / (705) 671-2442	Project #:	
Email:	bocym@rainbowschools.ca; lavallm@rainbowschools.ca	DWS #:	500045826
		Sampled By:	
Date Order Received:	6/17/2016	Analysis Started:	6/23/2016
Arrival Temperature:	9 °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
144-1 (Standing)	727905	Treated Water	Plumbing		6/16/2016	7:00 AM
144-2 (Flushed)	727906	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

### REPORT COMMENTS

ESTIMATED STANDING TIME: 10hrs

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Northeastern S.S. .Elementary School Prog.

Work Order Number: 276532

### WORK ORDER RESULTS

Sample Description	144 - 1 (Standing)		144 - 2 (Flushed)			
Lab ID	727905		727906			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.94	0.1	0.2	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.



**CERTIFICATE OF ANALYSIS**

RDSB - Northeastern S.S. .Elementary School Prog.

Work Order Number: 276532

**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
144 - 1 (Standing)	727905	ICPMS Water	20160623.R13-5o1	20160623.R52Q
144 - 2 (Flushed)	727906	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>RDSB - Northeastern S.S. Elementary</u>				Client: _____				TM Quote #: _____																								
Address: <u>45 Spruce Street</u>				Address: _____				Client P.O. #: _____																								
<u>Garson, ON P3L 1P8</u>				Contact: _____				Client Project #: _____																								
Contact: <u>Mark Bocy</u>				Email: _____				_____																								
Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u>				Phone: _____				_____																								
Phone: <u>705-674-3174</u> Fax: _____				Fax: _____				_____																								
<b>REPORTING/INVOICING FORMAT</b>				<b>TURN AROUND TIME (TAT)*</b>				<b>ANALYSIS REQUESTED</b>																								
<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				<table border="1"> <tr> <td rowspan="2">Resample (Yes or No?)</td> <td rowspan="2">ICPMS 1 (Pb)</td> <td rowspan="2">Residual Chlorine</td> <td rowspan="2">Free</td> <td rowspan="2">Total</td> <td colspan="8"></td> </tr> <tr> <td colspan="8"></td> </tr> </table>				Resample (Yes or No?)	ICPMS 1 (Pb)	Residual Chlorine	Free	Total																
Resample (Yes or No?)	ICPMS 1 (Pb)	Residual Chlorine	Free	Total																												
<b>QC DATA REPORTED</b>				<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard				<table border="1"> <tr> <td rowspan="2">CONTAINERS RECEIVED</td> <td colspan="4">WORK ORDER NUMBER:</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"><u>276532</u></td> <td colspan="4"></td> </tr> </table>				CONTAINERS RECEIVED	WORK ORDER NUMBER:								<u>276532</u>											
CONTAINERS RECEIVED	WORK ORDER NUMBER:																															
	<u>276532</u>																															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>SPECIFIC DATE:</b> <u>Mon 27</u>				<table border="1"> <tr> <td>TEMP</td> <td>Btl. Type</td> <td>Lab ID</td> <td colspan="2"></td> </tr> <tr> <td><u>9</u></td> <td><u>LP</u></td> <td><u>727905</u></td> <td colspan="2"></td> </tr> <tr> <td><u>↓</u></td> <td><u>↓</u></td> <td><u>727906</u></td> <td colspan="2"></td> </tr> </table>				TEMP	Btl. Type	Lab ID			<u>9</u>	<u>LP</u>	<u>727905</u>			<u>↓</u>	<u>↓</u>	<u>727906</u>								
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<b>SAMPLE DISPOSAL</b>				* Prior arrangements must be made for rush/weekend/holiday work				<p style="text-align: center; color: green; font-weight: bold;">CONFIRMATION REPORT SENT</p>																								
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return																																
<b>SAMPLING</b>				<b>SAMPLE DESCRIPTION</b>				<b>Water Trax # (if appl)</b>																								
DATE (mm-dd-yy)	TIME	Type**																														
		R	T											D	P																	
<u>6/16/16</u>	<u>7:00</u>				<u>X</u>	<u>144-1</u>	<u>(Standing)</u>			<u>X</u>																						
	<u>7:35</u>				<u>X</u>	<u>144-2</u>	<u>(Flushed)</u>			<u>X</u>																						

\*\*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: Mark Bocy Cell: 705-690-0323  
Phone: 705-671-3174 x 7231 Fax: 705-761-2442

REGULATION Waterworks # 500045826  O. REG. 170  O. REG. 318/319  
 O. REG. 243  ODWS  
LSN Form Submitted to MOE/PHU?  Not Applicable  Yes  No  
Are these water samples for human consumption?  Yes  No  
Are the results reportable as per O. REG. 170/318/319?  Yes  No

**COMMENTS/FIELD NOTES:**

S. KATARINCIC  
**ESTIMATED STANDING TIME:** 10 hrs.

O. REG. 170/318/319 Only: Phone: 705-522-9200  
Public Health Unit: SDHU Fax: 705-677-9607

Sampled By (Print and Sign) S. Katarincic Date June 16/16 Time 7:30 AM

Relinquished to Testmark By (Signature) [Signature] Date 7/16/16 Time \_\_\_\_\_

Received By (Print and Sign) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Shipped By hand Shipping Reference 22392

Received at Testmark By EM Date 06-17-16 Time 0832

\*\*\* 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 - Northeastern S.S. .Elementary School Prog.  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276532  
Date Received: 6/17/2016  
Method of Shipment: Hand  
Waybill Reference #: 22392  
Estimated Date of Completion\*: 6/27/2016  
Water Works #: 500045826

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727905	6/16/2016	144-1 (Standing)	ICPMS Water	O.Reg. 243/07
727905	6/16/2016	144-1 (Standing)	MetalsWater/Prep	O.Reg. 243/07
727906	6/16/2016	144-2 (Flushed)	ICPMS Water	O.Reg. 243/07
727906	6/16/2016	144-2 (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.