



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - Pinecrest 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: 276632  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500040327  
Sampled By:

Date Order Received: 6/20/2016  
Arrival Temperature: 13 °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
Pine (Standing)	790051	Treated Water	Plumbing		6/20/2016	6:30 AM
Pine (Flushed)	790052	Treated Water	Plumbing		6/20/2016	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: < 24 HRS Staff Room

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Pinecrest Public School

Work Order Number: 276632

### WORK ORDER RESULTS

Sample Description	Pine (Standing)		Pine (Flushed)			
Lab ID	790051		790052			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.36	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.

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 - Pinecrest Public School

Work Order Number: 276632

**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	0.3	20	20160624.R13-5o	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160624.R13-5o	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	97.4	120	20160624.R13-5o	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	99.4	120	20160624.R13-5o	
<b>Sample Spike</b>							
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
Pine (Flushed)	790052	ICPMS Water	20160624.R13-5o	20160624.R52K
Pine (Standing)	790051	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

<b>REPORT TO:</b> Client: <u>RDSB - Pincrest P.S.</u> Address: <u>1650 Dominion Drive</u> <u>Hanmer, ON P3P 1A1</u> Contact: <u>Mark Bocy</u> Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3174</u> Fax: _____	<b>INVOICE TO: (if different from Report)</b> Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____	<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: _____ Client Project #: _____
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<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>	Residual Chlorine Free Total	CONTAINERS RECEIVED <b>276632</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>Tues: 28</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th colspan="10"></th> <th rowspan="2">Free</th> <th rowspan="2">Total</th> <th rowspan="2">TEMP</th> <th rowspan="2">Btl. Type</th> <th rowspan="2">Lab ID</th> </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><td></td><td></td> </tr> <tr> <td></td> <td>X</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>13</td> <td>LP</td> <td>790051</td> </tr> <tr> <td></td> <td>X</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>↓</td> <td>↓</td> <td>790052</td> </tr> </table>		Resample (Yes or No?)	ICPMS 1 (Pb)											Free	Total	TEMP	Btl. Type	Lab ID																		X														13	LP	790051		X														↓	↓	790052		
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**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) <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>	<b>REGULATION</b> Waterworks # <u>500040327</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
<b>COMMENTS/FIELD NOTES:</b> <u>Staff Room</u> <b>ESTIMATED STANDING TIME:</b> <u>&lt; 24 HRS</u>	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>M. Lavallee</u> Date <u>06-20-16</u> Time <u>14:15</u>
Sampled By (Print and Sign) <u>A. Stevenson</u> Date <u>06-20-16</u> Time <u>9:57</u> Received By (Print and Sign) <u>M. Lavallee</u> Date <u>06-20-16</u> Time <u>9:57</u>	Shipped By <u>M. Lavallee</u> Shipping Reference <u>N/A</u> Received at Testmark By <u>M. Lavallee</u> Date <u>June 29/16</u> Time <u>4:15 pm</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.**

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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 - Pinecrest Public School  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276632  
Date Received: 6/20/2016  
Method of Shipment: Hand  
Waybill Reference #: N/A  
Estimated Date of Completion\*: 6/28/2016  
Water Works #: 500040327

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
790051	6/20/2016	Pine (Standing)	ICPMS Water	O.Reg. 243/07
790051	6/20/2016	Pine (Standing)	MetalsWater/Prep	O.Reg. 243/07
790052	6/20/2016	Pine (Flushed)	ICPMS Water	O.Reg. 243/07
790052	6/20/2016	Pine (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.