



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Queen Elizabeth II 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: 276229
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045969
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
StaffRoom (Standing)	727136	Treated Water	Plumbing		6/15/2016	6:30 AM
StaffRoom (Flushed)	727137	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 : 9 hours

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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RDSB - Queen Elizabeth II Public School

Work Order Number: 276229

WORK ORDER RESULTS

Sample Description	StaffRoom (Standing)		StaffRoom (Flushed)			
Lab ID	727136		727137			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.3	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.



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RDSB - Queen Elizabeth II Public School

Work Order Number: 276229

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
StaffRoom (Flushed)	727137	ICPMS Water	20160617.R13-5o	20160617.R52I
StaffRoom (Standing)	727136	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:				INVOICE TO: (if different from Report)				PROJECT INFORMATION:																																																															
Client: <u>RDSB - Queen Elizabeth II P.S.</u>				Client: <u>RDSB</u>				TM Quote #: _____																																																															
Address: <u>32 Dell Street</u>				Address: <u>69 young</u>				Client P.O. #: _____																																																															
<u>Sudbury, ON P3C 2X8</u>				<u>Sudbury.</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: <u>671-2442</u>				Phone: _____ Fax: _____				_____																																																															
REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*				ANALYSIS REQUESTED																																																															
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail QC DATA REPORTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard SPECIFIC DATE: <u>Thurs 23</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>				<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Resample (Yes or No?)</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">ICPMS 1 (Pb)</td> <td colspan="10"></td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Residual Chlorine</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">CONTAINERS RECEIVED</td> <td colspan="3" style="text-align: center;">WORK ORDER NUMBER: <u>276229</u></td> </tr> <tr> <td>Free</td> <td>Total</td> <td>TEMP</td> <td>Btl. Type</td> <td>Lab ID</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> <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> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Resample (Yes or No?)	ICPMS 1 (Pb)											Residual Chlorine	CONTAINERS RECEIVED	WORK ORDER NUMBER: <u>276229</u>			Free	Total	TEMP	Btl. Type	Lab ID																																						
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<u>06/15/16</u>	<u>6:30am</u>				<u>X</u>	<u>Staff Room (Standing)</u>																																																																	
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CONFIRMATION REPORT SENT																																																																							
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)						Waterworks # <u>500045969</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																																																																	
Adverse and Exceedance Notification Information:						REGULATION																																																																	
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>																																																																							
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>																																																											
ESTIMATED STANDING TIME: <u>9 hours</u>						Relinquished to Testmark By (Signature)						Date																																																											
						<u>Lisa Tolano</u>						<u>June 16</u>																																																											
Sampled By (Print and Sign)						Shipped By						Shipping Reference																																																											
<u>Syrene Kinnison</u>						<u>Hand</u>						<u>N/A</u>																																																											
Received By (Print and Sign)						Received at Testmark By						Date																																																											
<u>Syrene Kinnison</u>						<u>SC Andrea</u>						<u>June 15</u>																																																											
												Time																																																											
												<u>9:15am</u>																																																											
												<u>9:17</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.