



## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - R.L. Beattie 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: 276910  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500040366  
Sampled By: Ray Grant

Date Order Received: 6/22/2016  
Arrival Temperature: 20 °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
(Standing)	790801	Treated Water	Plumbing		6/16/2016	7:00 AM
(Flushed)	790802	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



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RDSB - R.L. Beattie Public School

Work Order Number: 276910

### WORK ORDER RESULTS

Sample Description	(Standing)		(Flushed)			
Lab ID	790801		790802			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.92	0.1	0.99	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 - R.L. Beattie Public School

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**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	20160624.R13-5o1	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160624.R13-5o1	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	98.5	120	20160624.R13-5o1	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	103	120	20160624.R13-5o1	
<b>Sample Spike</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	94.3	130	20160624.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
(Flushed)	790802	ICPMS Water	20160624.R13-5o1	20160624.R52N
(Standing)	790801	ICPMS Water	20160624.R13-5o1	20160624.R52N

**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 - R.L. Beattie P.S.</u>				Client: _____				TM Quote #: _____											
Address: <u>102 Loach's Road</u>				Address: _____				Client P.O. #: _____											
<u>Sudbury, ON P3E 2P7</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>								<b>LABORATORY USE ONLY</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										Residual Chlorine		WORK ORDER NUMBER:  <b>276910</b>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																	
<b>QC DATA REPORTED</b>		<b>SPECIFIC DATE:</b> <u>Thurs 30</u>										CONTAINERS RECEIVED		TEMP		Btl. Type		Lab ID	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		* Prior arrangements must be made for rush/weekend/holiday work																	
<b>SAMPLE DISPOSAL</b>		<b>SAMPLING</b>										Free		Total					
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		DATE (mm-dd-yy) TIME Type**																	
		R T D P																	
		SAMPLE DESCRIPTION Water Trax # (if appl)																	
		<u>06-16-16 7am</u>																	
		<u>06-16-16 7:35</u>																	
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)				<b>REGULATION</b>				Waterworks # <u>500040366</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319											
Adverse and Exceedance Notification Information:				<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											
Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u>				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											
Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</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>											
COMMENTS/FIELD NOTES:				Relinquished to Testmark By (Signature) <u>[Signature]</u>				Date <u>June 22/16</u> Time <u>8:30am</u>											
<b>ESTIMATED STANDING TIME:</b>				Shipped By <u>[Signature]</u>				Shipping Reference <u>N/A</u>											
Sampled By (Print and Sign) <u>RAY GRANT</u>		Date <u>June 22/16</u>		Time _____		Received at Testmark By <u>[Signature]</u>		Date <u>06/22/16</u>		Time <u>8:32</u>									
Received By (Print and Sign) _____		Date _____		Time _____		Hand <u>EM: AA</u>													



# **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 - R.L. Beattie Public School  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276910  
Date Received: 6/22/2016  
Method of Shipment: Hand  
Waybill Reference #: N/A  
Estimated Date of Completion\*: 6/30/2016  
Water Works #: 500040366  
Sampled By: Ray Grant

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
790801	6/16/2016	(Standing)	ICPMS Water	O.Reg. 243/07
790801	6/16/2016	(Standing)	MetalsWater/Prep	O.Reg. 243/07
790802	6/16/2016	(Flushed)	ICPMS Water	O.Reg. 243/07
790802	6/16/2016	(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.