



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - Redwood Acres 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: 276626  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500046099  
Sampled By:

Date Order Received: 6/20/2016  
Arrival Temperature: 16 °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 |
|--------------------|--------|---------------|----------|----------|----------------|----------------|
| RAP (Standing)     | 790041 | Treated Water | Plumbing |          | 6/20/2016      | 6:35 AM        |
| RAP (Flushed)      | 790042 | Treated Water | Plumbing |          | 6/20/2016      | 7:10 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; Day Care RM. 6

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Redwood Acres Public School

Work Order Number: 276626

### WORK ORDER RESULTS

| Sample Description | RAP (Standing) |     | RAP (Flushed) |     |       |                            |
|--------------------|----------------|-----|---------------|-----|-------|----------------------------|
| Lab ID             | 790041         |     | 790042        |     |       |                            |
| Metals             | Result         | MDL | Result        | MDL | Units | Criteria: O.Reg.<br>243/07 |
| Lead               | 1.05           | 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 - Redwood Acres Public School

Work Order Number: 276626

### 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   | 0.3    | 20  | 20160624.R13-5o |  |
| Method Blank     |     |       |     |        |     |                 |  |
| Parameter        | MDL | Units | LCL | Result | UCL | QAQCID          |  |
| Lead             | 1   | ug/L  | 0   | <1     | 1   | 20160624.R13-5o |  |
| Positive Control |     |       |     |        |     |                 |  |
| Parameter        | MDL | Units | LCL | Result | UCL | QAQCID          |  |
| Lead             | N/A | %     | 80  | 97.4   | 120 | 20160624.R13-5o |  |
| Reference Sample |     |       |     |        |     |                 |  |
| Parameter        | MDL | Units | LCL | Result | UCL | QAQCID          |  |
| Lead             | N/A | % Rec | 80  | 99.4   | 120 | 20160624.R13-5o |  |
| Sample Spike     |     |       |     |        |     |                 |  |
| 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   |
|--------------------|--------|-------------|-----------------|---------------|
| RAP (Flushed)      | 790042 | ICPMS Water | 20160624.R13-5o | 20160624.R52K |
| RAP (Standing)     | 790041 | 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><br>Client: <u>RDSB - Redwood Acres P.S.</u><br>Address: <u>4625 Carl Street</u><br><u>Hanmer, ON P3P 1X5</u><br>Contact: <u>Mark Bocy</u><br>Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u><br>Phone: <u>705-674-3174</u> Fax: _____ | <b>INVOICE TO: (if different from Report)</b><br>Client: _____<br>Address: _____<br>Contact: _____<br>Email: _____<br>Phone: _____ Fax: _____ | <b>PROJECT INFORMATION:</b><br>TM Quote #: _____<br>Client P.O. #: _____<br>Client Project #: _____ |
|--|---|---|

| <b>REPORTING/INVOICING FORMAT</b><br><input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail | <b>TURN AROUND TIME (TAT)*</b><br><input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days<br><input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard | <b>ANALYSIS REQUESTED</b>  | Residual Chlorine<br>Free Total  | CONTAINERS RECEIVED<br><span style="font-size: 2em; color: red;">276626</span> |                       |              |                   |   |   |            |
|---|---|--|--|--|-----------------------|--------------|-------------------|---|---|------------|
| <b>QC DATA REPORTED</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>SAMPLE DISPOSAL</b><br><input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return   | <b>SPECIFIC DATE:</b> <span style="color: red; font-size: 1.5em;">Tues 28</span><br><small>* Prior arrangements must be made for rush/weekend/holiday work</small> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Resample (Yes or No?)</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">ICPMS 1 (Pb)</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Residual Chlorine</th> </tr> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Free Total</td> </tr> </table> |  | Resample (Yes or No?) | ICPMS 1 (Pb) | Residual Chlorine | x | x | Free Total |
| Resample (Yes or No?)   | ICPMS 1 (Pb)  | Residual Chlorine  |  |  |                       |              |                   |   |   |            |
| x   | x   | Free Total   |  |  |                       |              |                   |   |   |            |
| <b>SAMPLING</b>   |   | <b>LABORATORY USE ONLY</b><br>WORK ORDER NUMBER:   |  |  |                       |              |                   |   |   |            |
| DATE (mm-dd-yy)   | TIME  | Type**<br>R T D P  | SAMPLE DESCRIPTION   | Water Trax # (if appl)   | TEMP                  | Btl. Type    | Lab ID            |   |   |            |
| 06-20-16  | 6:35  |  | RAP (Standing)   |  | 16                    | LP           | 790041            |   |   |            |
| 06-20-16  | 7:10  |  | RAP (Flushed)  |  | ↓                     | ↓            | 790042            |   |   |            |

|   |  |
|---|--|
| **Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) | <b>REGULATION</b><br>Waterworks # <u>500046099</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319<br><input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS<br>LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|

|  |   |
|--|---|
| <b>Adverse and Exceedance Notification Information:</b><br>Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u><br>Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>  | <b>COMMENTS/FIELD NOTES:</b><br><span style="font-size: 1.5em; color: red;">DAY CARE RM. 6</span>   |
| <b>ESTIMATED STANDING TIME:</b> <span style="font-size: 1.5em; color: red;">24 HRS</span>  | <b>REGULATION</b><br>O. REG. 170/318/319 Only: _____ Phone: <u>705-522-9200</u><br>Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u> |
| Sampled By (Print and Sign) <u>G. Boudreau</u> Date <u>06-20-16</u> Time <u>9:40</u>   | Relinquished to Testmark By (Signature) <u>M. Del</u> Date <u>06-20-16</u> Time <u>14:15</u>  |
| Received By (Print and Sign) <u>M. Lavallee</u> Date <u>06-20-16</u> Time <u>9:40</u>  | Shipped By <u>Hand</u> Shipping Reference <u>N/A</u>  |
| 7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca<br>100 Wilson Ave., Suite 102, Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • timmins@testmark.ca<br>6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • csr-mississauga@testmark.ca | Received at Testmark By <u>emma Andreea</u> Date <u>June 29/16</u> Time <u>2:15 pm</u>  |

CONFIRMATION REPORT SENT



# **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 - Redwood Acres Public School  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276626  
Date Received: 6/20/2016  
Method of Shipment: Hand  
Waybill Reference #: N/A  
Estimated Date of Completion\*: 6/28/2016  
Water Works #: 500046099

## **Sample Details**

| Sample Number | Sample Date | Sample Description | Analysis         | Regulation (if applicable) |
|---------------|-------------|--------------------|------------------|----------------------------|
| 790041        | 6/20/2016   | RAP (Standing)     | ICPMS Water      | O.Reg. 243/07              |
| 790041        | 6/20/2016   | RAP (Standing)     | MetalsWater/Prep | O.Reg. 243/07              |
| 790042        | 6/20/2016   | RAP (Flushed)      | ICPMS Water      | O.Reg. 243/07              |
| 790042        | 6/20/2016   | RAP (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.