



## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - S. Geiger 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: 276268  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500045644  
Sampled By:

Date Order Received: 6/15/2016  
Arrival Temperature: 10 °C

Analysis Started: 6/20/2016  
Analysis Completed: 6/21/2016

### 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
DayCare 27 (Standing)	727244	Treated Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/15/2016	6:30 AM
DayCare 27 (Flushed)	727245	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: 11 hours  
Lead exceedance reported for sample description Daycare 27 (Standing) Lab ID 727244. 06/21/16 JC

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



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RDSB - S. Geiger Public School

Work Order Number: 276268

### WORK ORDER RESULTS

Sample Description	DayCare 27 (Standing)		DayCare 27 (Flushed)			
Lab ID	727244		727245			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	10.7	0.1	3.53	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 - S. Geiger Public School

Work Order Number: 276268

**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	2.7	20	20160620.R13-5o1	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160620.R13-5o1	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	99.8	120	20160620.R13-5o1	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	101	120	20160620.R13-5o1	
<b>Sample Spike</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	96.6	130	20160620.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
DayCare 27 (Flushed)	727245	ICPMS Water	20160620.R13-5o1	20160620.R52K
DayCare 27 (Standing)	727244	ICPMS Water	20160620.R13-5o1	20160620.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>				<b>INVOICE TO: (if different from Report)</b>				<b>PROJECT INFORMATION:</b>			
Client: <u>RDSB - S. Geiger P.S.</u>				Client: <u>RDSB</u>				TM Quote #:			
Address: <u>355 Government Road</u>				Address: <u>109 Young</u>				Client P.O. #:			
<u>Massey, ON P0P 1P0</u>				<u>S. Hwy</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></u>				Phone:				Fax: <u></u>			
<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 <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard									
<b>QC DATA REPORTED</b>		<b>SPECIFIC DATE:</b> <u>Thurs: 23</u>		<b>SAMPLE DESCRIPTION</b> * Prior arrangements must be made for rush/weekend/holiday work		<b>Water Trax # (if appl)</b>		CONTAINERS RECEIVED 1 <u>10</u> <u>LP</u> <u>727244</u> 1 <u>↓</u> <u>↓</u> <u>727245</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return						<b>SAMPLING</b>		<b>TEMP</b>	
<b>DATE (mm-dd-yy)</b> <u>06/16/16</u>		<b>TIME</b> <u>6:30am</u>		<b>Type**</b> R T D P		<u>X</u>		<u>1</u>		<u>727244</u>	
<u>06/15/16</u>		<u>7:05am</u>		<u>X</u>		<u>X</u>		<u>1</u>		<u>727245</u>	
<b>CONFIRMATION REPORT SENT</b>											
<b>**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)</b>						<b>REGULATION</b> Waterworks # <u>500045644</u> <input checked="" type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS					
<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>						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>11 hours</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>					
<b>ESTIMATED STANDING TIME:</b>						Relinquished to Testmark By (Signature) _____ Date _____ Time _____					
Sampled By (Print and Sign) <u>Larry Steinke</u>		Date <u>June 15/16</u>		Time <u>1:00pm</u>		Shipped By <u>hand</u>		Shipping Reference <u>N/A</u>			
Received By (Print and Sign) <u>Steve McMillan</u>		Date <u>June 15/16</u>		Time <u>1:00pm</u>		Received at Testmark By <u>em</u>		Date <u>06-15-16</u>		Time <u>1:50</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 - S. Geiger Public School  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276268  
Date Received: 6/15/2016  
Method of Shipment: Hand  
Waybill Reference #: N/A  
Estimated Date of Completion\*: 6/23/2016  
Water Works #: 500045644

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727244	6/15/2016	DayCare 27 (Standing)	ICPMS Water	O.Reg. 243/07
727244	6/15/2016	DayCare 27 (Standing)	MetalsWater/Prep	O.Reg. 243/07
727245	6/15/2016	DayCare 27 (Flushed)	ICPMS Water	O.Reg. 243/07
727245	6/15/2016	DayCare 27 (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.