



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Sudbury Secondary 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: 276489
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045930
Sampled By:

Date Order Received: 6/17/2016
Arrival Temperature: 14 °C

Analysis Started: 6/23/2016
Analysis Completed: 6/24/2016

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
BASE FOUNTAIN (Standing)	727772	Treated Water	Plumbing		6/16/2016	7:00 AM
BASE FOUNTAIN (Flushed)	727773	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



CERTIFICATE OF ANALYSIS

RDSB - Sudbury Secondary School

Work Order Number: 276489

WORK ORDER RESULTS

Sample Description	BASE FOUNTAIN (Standing)		BASE FOUNTAIN (Flushed)			
Lab ID	727772		727773			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.1	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 - Sudbury Secondary School

Work Order Number: 276489

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	20160623.R13-5o	
Method Blank							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160623.R13-5o	
Positive Control							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	96.3	120	20160623.R13-5o	
Reference Sample							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	98	120	20160623.R13-5o	
Sample Spike							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	94.4	130	20160623.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
BASE FOUNTAIN (Flushed)	727773	ICPMS Water	20160623.R13-5o	20160623.R52P
BASE FOUNTAIN (Standing)	727772	ICPMS Water	20160623.R13-5o	20160623.R52P

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 - Sudbury S.S.</u> <i>Secondary School</i>				Client: _____				TM Quote #: _____					
Address: <u>85 Mackenzie Street</u>				Address: _____				Client P.O. #: _____					
Sudbury, ON P3C 4Y2				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: _____				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				<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard				Residual Chlorine 					
SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				SPECIFIC DATE: <u>Fri 24</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>									
SAMPLING				Water Trax # (if appl)				LABORATORY USE ONLY					
DATE (mm-dd-yy)	TIME	Type**		SAMPLE DESCRIPTION	Water Trax # (if appl)	Resample (Yes or No?)	ICPMS 1 (Pb)	Free	Total	CONTAINERS RECEIVED	WORK ORDER NUMBER:		
		R	T								D	P	
<u>06/16/16</u>	<u>7am</u>										TEMP	Btl. Type	Lab ID
<u>06/16/16</u>	<u>7:35</u>										<u>14</u>	<u>1LP</u>	<u>727772</u>
											<u>14</u>	<u>1LP</u>	<u>727773</u>
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) Adverse and Exceedance Notification Information: 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>				Waterworks # <u>500045930</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				CONFIRMATION REPORT SENT					
												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>[Signature]</u> Date _____ Time _____	
COMMENTS/FIELD NOTES:													
ESTIMATED STANDING TIME: <u>8 hours</u>													
Sampled By (Print and Sign) <u>Louise Lacombe</u>		Date <u>2016-06-16</u>	Time _____	Shipped By <u>Hand</u>		Shipping Reference <u>276489</u>							
Received By (Print and Sign) _____		Date _____	Time _____	Received at Testmark By <u>lm</u>		Date <u>6/16/16</u>	Time <u>1105</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 - Sudbury Secondary School
Contact: Mark Bocy
Project Number:
Work Order #: 276489
Date Received: 6/17/2016
Method of Shipment: Jutras
Waybill Reference #: 22389
Estimated Date of Completion*: 6/24/2016
Water Works #: 500045930

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727772	6/16/2016	BASE FOUNTAIN (Standing)	ICPMS Water	O.Reg. 243/07
727772	6/16/2016	BASE FOUNTAIN (Standing)	MetalsWater/Prep	O.Reg. 243/07
727773	6/16/2016	BASE FOUNTAIN (Flushed)	ICPMS Water	O.Reg. 243/07
727773	6/16/2016	BASE FOUNTAIN (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

* 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.