



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - Assiginack Public School
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 674-3171 / (705) 761-2442
Email: bocym@rainbowschools.ca

Work Order Number: 346741
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500001132
Sampled By: Steve McCulloch

Date Order Received: 6/13/2018
Arrival Temperature: 11 °C

Analysis Started: 6/19/2018
Analysis Completed: 6/20/2018

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
C2 (Standing)	1351146	Water	Plumbing		6/13/2018	7:00 AM
C2 (Flushed)	1351147	Water	Plumbing		6/13/2018	7:35 AM
B1 Standing	1351148	Water	Plumbing		6/13/2018	7:02 AM
B1 Flushed	1351149	Water	Plumbing		6/13/2018	7:37 AM
103 Standing	1351150	Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/13/2018	7:04 AM
103 Flushed	1351151	Water	Plumbing		6/13/2018	7:39 AM
A1 Standing	1351152	Water	Plumbing		6/13/2018	7:06 AM
A1 Flushed	1351153	Water	Plumbing		6/13/2018	7:41 AM

METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Reg. Water (R13.1)	Garson	Determination of Metals in Water by ICP/MS	Modified from SW846-6020A

REPORT COMMENTS

ESTIMATED STANDING TIME: 11 hrs
Lead exceedance reported for sample 1351150. 06/20/18 DC



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Work Order Number: 346741

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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WORK ORDER RESULTS

Sample Description	C2 (Standing)		C2 (Flushed)		B1 Standing		B1 Flushed			
Lab ID	1351146		1351147		1351148		1351149			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	3.48	0.1	0.86	0.1	<0.1	0.1	<0.1	0.1	ug/L	10

Sample Description	103 Standing		103 Flushed		A1 Standing		A1 Flushed			
Lab ID	1351150		1351151		1351152		1351153			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	10.3	0.1	3.35	0.1	8.69	0.1	1.06	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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QUALITY CONTROL DATA

THIS SECTION REPORTS QC RESULTS ASSOCIATED WITH THE TEST BATCH; THESE ARE NOT YOUR SAMPLE RESULTS.
QAQC details include only values where sufficient sample data allowed measurement.

Metals							
Positive Control: LFB-7 (N 100 µg/L) (7)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	87	120	20180620.R13.1F	
Method Blank: LRB-6 (Blank- µg/L) (6)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20180620.R13.1F	
Sample Spike: LFMS-10 (N 100 µg/L) (10)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	87.3	130	20180620.R13.1F	
Reference Sample: CRM-12 (EP-L-3) (12)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	ug/L	3.65	3.75	4.35	20180620.R13.1F	

THIS INDEX SHOWS HOW YOUR SAMPLES ARE ASSOCIATED TO THE CONTROLS INCLUDED IN THE IDENTIFIED BATCHES.

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
103 Flushed	1351151	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
103 Standing	1351150	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
A1 Flushed	1351153	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
A1 Standing	1351152	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
B1 Flushed	1351149	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
B1 Standing	1351148	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
C2 (Flushed)	1351147	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520
C2 (Standing)	1351146	ICPMS Reg. Water (R13.1)	20180620.R13.1F	20180619.A520

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 - Assinack P.S.</u>				Client: _____				TM Quote #: _____																																				
Address: <u>134 Michaels Bay Road</u>				Address: _____				Client P.O. #: _____																																				
<u>Manitouwaning, ON P0P 1N0</u>				Contact: _____				Client Project #: _____																																				
Contact: <u>Mark Bocy</u>				Email: _____				_____																																				
Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u>				Phone: _____				_____																																				
Phone: <u>705-674-3171</u> Fax: <u>(mccull@rainbowschools.ca)</u>				Phone: _____				Fax: _____																																				
REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*				LABORATORY USE ONLY																																				
<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				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="12">ANALYSIS REQUESTED</th> <th colspan="2" rowspan="2">Residual Chlorine</th> <th rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">CONTAINERS RECEIVED</th> <th colspan="3">WORK ORDER NUMBER:</th> </tr> <tr> <td colspan="12" style="text-align: center; vertical-align: middle;"> </td> <th colspan="3" style="font-size: 2em; color: red; text-align: center;">346741</th> </tr> </table>				ANALYSIS REQUESTED												Residual Chlorine		CONTAINERS RECEIVED	WORK ORDER NUMBER:															346741		
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<input type="checkbox"/> QC DATA REPORTED				<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																																								
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				SPECIFIC DATE: <u>Thurs 21</u>																																								
SAMPLE DISPOSAL				* Prior arrangements must be made for rush/weekend/holiday work																																								
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return																																												
SAMPLING				Water Trax # (if appl)																																								
DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION	Resample (Yes or No?)	ICPMS 1 (Pb)	Free	Total	TEMP	Btl. Type	Lab ID																															
		R	T	D	P																																							
<u>June 13/18</u>	<u>7AM</u>				X	<u>C2 (Standing)</u>		X			<u>11</u>	<u>14P</u>	<u>1351146</u>																															
	<u>7:35</u>				X	<u>C2 (Flushed)</u>		X					<u>1351147</u>																															
	<u>7:03</u>			X		<u>B1 Standing</u>		X					<u>1351148</u>																															
	<u>7:37</u>			X		<u>B1 Flushed</u>		X					<u>1351149</u>																															
	<u>7:04</u>			X		<u>103 Standing</u>		X					<u>1351150</u>																															
	<u>7:39</u>			X		<u>103 Flushed</u>		X					<u>1351151</u>																															
	<u>7:06</u>			X		<u>A1 Standing</u>		X					<u>1351152</u>																															
	<u>7:41</u>			X		<u>A1 Flushed</u>		X					<u>1351153</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: Mark Bocy Cell: 705-690-0323
Phone: 705-671-3174 x 7231 Fax: 705-761-2442

COMMENTS/FIELD NOTES:

-Lead exceedance reported for sample
ESTIMATED STANDING TIME: 11 hrs. 1351150. 06/20/18

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)		Date	Time
Shipped By <u>Hand</u>		Shipping Reference <u>027012</u>	
Received at Testmark By <u>[Signature]</u>		Date <u>06/13/18</u>	Time <u>1442</u>

*Kent
Curbier*

CONFIRMATION REPORT
SENT