



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Chelmsford P.S.
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 674-3171 / (705) 761-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 347101
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #:
DWS #: 500046073
Sampled By: Mike Lavallee

Date Order Received: 6/18/2018
Arrival Temperature: 5 °C

Analysis Started: 6/20/2018
Analysis Completed: 6/21/2018

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
108-F-01-A (S)	1352804	Water	Plumbing		6/16/2018	10:32 AM
108-F-01-A (F)	1352805	Water	Plumbing		6/16/2018	11:07 AM
108-F-01-B (S)	1352806	Water	Plumbing		6/16/2018	10:32 AM
108-F-01-B (F)	1352807	Water	Plumbing		6/16/2018	11:07 AM
108-F-02 (S)	1352808	Water	Plumbing		6/16/2018	10:30 AM
108-F-02 (F)	1352809	Water	Plumbing		6/16/2018	11:05 AM
108-F-04 (S)	1352810	Water	Plumbing		6/16/2018	10:38 AM
108-F-04 (F)	1352811	Water	Plumbing		6/16/2018	11:12 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

Water standing in excess of 6hrs, as per O.reg. 243.



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

RDSB - Chelmsford P.S.

Work Order Number: 347101

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Chelmsford P.S.

Work Order Number: 347101

WORK ORDER RESULTS

Sample Description	108 - F - 01 - A (S)		108 - F - 01 - A (F)		108 - F - 01 - B (S)		108 - F - 01 - B (F)			
Lab ID	1352804		1352805		1352806		1352807			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.51	0.1	0.34	0.1	0.44	0.1	0.29	0.1	ug/L	10
Sample Description	108 - F - 02 (S)		108 - F - 02 (F)		108 - F - 04 (S)		108 - F - 04 (F)			
Lab ID	1352808		1352809		1352810		1352811			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.84	0.1	5.54	0.1	0.83 [0.81]	0.1	2.44	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.

[]: Results for laboratory replicates are shown in square brackets immediately below the associated sample result for ease of comparison.

Quality Control: All associated Quality Control data is available on request.



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: Chelmsford S.P.S.				Client: Rainbow School Board				TM Quote #:					
Address: 121 Charlotte Street, Chelmsford ON P0M1L0				Address: 408 Wembley Drive Sudbury ON P3E 1P2				Client P.O. #: 706LW1736503					
Contact: Mike Lavallee				Contact: Mike Lavallee				Client Project #:					
Email: lavallm@rainbowschools.ca				Email: lavallm@rainbowschools.ca									
Phone: 705-929-4787 Fax:				Phone: 705.929.4787 Fax:									
REPORTING/INVOICING FORMAT		TURN AROUND TIME (TAT)*		ANALYSIS REQUESTED								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										WORK ORDER NUMBER: 347101	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard											
QC DATA REPORTED		SPECIFIC DATE: <i>Tues 26</i>		Resample (Yes or No?)								Residual Chlorine	
<input type="checkbox"/> Yes <input type="checkbox"/> No		* Prior arrangements must be made for rush/weekend/holiday work											
SAMPLE DISPOSAL		SAMPLING										CONTAINERS RECEIVED	
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		DATE (mm-dd-yy) TIME Type**											
		R T D P										TEMP Btl. Type Lab ID	
		SAMPLE DESCRIPTION (This Will Appear On The Report) Water Trax # (if appl)											
		06-16-2018 10:32 X										1 5 14 1352804	
		06-16-2018 11:07 X											
		06-16-2018 10:32 X										1 1 1 1352805	
		06-16-2018 11:07 X											
		06-16-2018 10:30 X										1 1 1 1352806	
		06-16-2018 11:05 X											
		06-16-2018 10:38 X										1 1 1 1352807	
		06-16-2018 11:12 X											
		06-16-2018 11:12 X										1 1 1 1352808	
		06-16-2018 11:12 X											
		06-16-2018 11:12 X										1 1 1 1352809	
		06-16-2018 11:12 X											
		06-16-2018 11:12 X										1 1 1 1352810	
		06-16-2018 11:12 X											
		06-16-2018 11:12 X										1 1 1 1352811	
		06-16-2018 11:12 X											
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)				Waterworks # 500046073				REGULATION					
Adverse and Exceedance Notification Information:				O. REG. 170 <input type="checkbox"/> O. REG. 243 <input checked="" type="checkbox"/>				O. REG. 319 <input type="checkbox"/> None <input type="checkbox"/>					
Name: Mike Lavallee Cell: 705-929-4787				LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Phone: Fax:				Are the results reportable as per O. REG. 170/319? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
COMMENTS/FIELD NOTES: water standing in excess of 6 hrs, as per O.reg. 243				O. REG. 170/319 Only:				Phone: Fax:					
				Public Health Unit:				Relinquished to Testmark By (Signature) <i>M. Lavallee</i> Date 06-18-18 Time 1:37 P					
Sampled By Jason Czaja M. Lavallee		Date 06-16-18		Time 10:30		Shipped By <i>Hand</i>		Shipping Reference 027032					
Received By Mike Lavallee		Date		Time		Received at Testmark By <i>[Signature]</i>		Date 6/18/18 Time 1336					

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca

100 Wilson Ave., Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • timmins@testmark.ca

6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • mississauga@testmark.ca

1470 Government Road, Kirkland Lake, ON P2N 3J1 • 705-642-3361 (P) • 705-642-3222 (F) • kirkland.lake@testmark.ca

*** Please contact Customer Service for assistance with customized CoC's for Schedule 15.1 testing.

Please use separate CoC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling

CONFIRMATION REPORT SENT