



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mike Lavallee  
Company: RDSB - Ernie Checkeris Public School  
Address: 69 Young StSRDSB - Westmount Avenue Public School  
Sudbury, ON, P3E 3G5  
Phone/Fax: (705) 674-3171 / (705) 761-2442  
Email: lavallm@rainbowschools.ca

Work Order Number: 346371  
PO #: 706LW1736503  
Regulation: O.Reg. 243/07  
Project #:  
DWS #: 500039183  
Sampled By: Mike Lavallee

Date Order Received: 6/11/2018  
Arrival Temperature: 7 °C

Analysis Started: 6/15/2018  
Analysis Completed: 6/19/2018

### 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
165-T-03(S)	1106381	Treated Water	Plumbing		6/9/2018	9:48 AM
165-T-03(F)	1106382	Treated Water	Plumbing		6/9/2018	10:23 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 six hours, as per reg.243**

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



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## CERTIFICATE OF ANALYSIS

RDSB - Ernie Checkeris Public School

Work Order Number: 346371

### WORK ORDER RESULTS

Sample Description	165 - T - 03(S)		165 - T - 03(F)			
Lab ID	1106381		1106382			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.14	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.

**DRINKING WATER CHAIN OF CUSTODY FORM**

Please use our General Chain of Custody Form for non-drinking water sample submissions

<b>REPORT TO:</b> Client: Ernie Checkeris PS Address: 1570 Agingcourt Ave. Sudbury ON P3A 2R5 Contact: Mike Lavallee Email: <a href="mailto:lavallm@rainbowschools.ca">lavallm@rainbowschools.ca</a> Phone: 705-929-4787 Fax: _____	<b>INVOICE TO: (if different from Report)</b> Client: _____ Address: _____ Contact: Mike Lavallee Email: <a href="mailto:lavallm@rainbowschools.ca">lavallm@rainbowschools.ca</a> Phone: 705.929.4787 Fax: _____	<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: 706LW1736503 Client Project #: _____
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<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail	<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard	<b>ANALYSIS REQUESTED</b>	Residual Chlorine Free Total	<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER: <span style="font-size: 2em; color: red;">346371</span>																																																																																																																																																	
<b>QC DATA REPORTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIFIC DATE:</b> Tue 19 <small>* Prior arrangements must be made for rush/weekend/holiday work</small>	Resample (Yes or No?)		CONTAINERS RECEIVED TEMP Btl. Type Lab ID 1 7 Other 1106381 1 ↓ ↓ 1106382																																																																																																																																																	
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<b>Adverse and Exceedance Notification Information:</b> Name: Mike Lavallee Cell: 705-929-4787 Phone: _____ Fax: _____	<b>REGULATION</b> Waterworks # 500039183 <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the results reportable as per O. REG. 170/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>COMMENTS/FIELD NOTES:</b> Water standing in excess of six hours, as per reg.243	O. REG. 170/319 Only: _____ Phone: _____ Public Health Unit: _____ Fax: _____ Relinquished to Testmark By (Signature) <i>M. Sol</i> Date _____ Time 14:34
Sampled By <i>M. Sol</i> Date 06/09/2018 Time 09:48	Shipped By <i>Hand</i> Shipping Reference 026996
Received By Mike Lavallee Date _____ Time _____	Received at Testmark By <i>Akhilap</i> Date 06/11/18 Time 14:34

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 CofC's for Schedule 15.1 testing.  
 Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.