

**TESTMARK Laboratories Ltd.***Committed to Quality and Service*

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Jean Hansen
Address: 31 Tuddenham Ave.
Sudbury, ON, P3C 3E9
Phone: (705) 674-3171
Email: lavallm@rainbowschools.ca

Work Order Number: 346687
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500039196
Sampled By: Mark Bocy

Date Order Received: 6/13/2018
Arrival Temperature: 18 °C

Analysis Started: 6/18/2018
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
T10B (Standing)	1350896	Water	Plumbing		6/13/2018	6:30 AM
T10B (Flushed)	1350897	Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/13/2018	7:05 AM
T10C S	1350898	Water	Plumbing		6/13/2018	6:40 AM
T10C F	1350899	Water	Plumbing		6/13/2018	7:15 AM
T12A S	1350900	Water	Plumbing		6/13/2018	6:50 AM
T12A F	1350901	Water	Plumbing		6/13/2018	7:25 AM
T12B S	1350902	Water	Plumbing		6/13/2018	7:00 AM
T12B F	1350903	Water	Plumbing		6/13/2018	7:35 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

Lead exceedance (sample 1350897) reported. 06/19/18 DC



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

RDSB - Jean Hansen

Work Order Number: 346687

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Jean Hansen

Work Order Number: 346687

WORK ORDER RESULTS

Sample Description	T10B (Standing)		T10B (Flushed)		T10C S		T10C F			
Lab ID	1350896		1350897		1350898		1350899			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	4.43	0.1	10.3	0.1	0.98	0.1	0.99	0.1	ug/L	10

Sample Description	T12A S		T12A F		T12B S		T12B F			
Lab ID	1350900		1350901		1350902		1350903			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	4.53	0.1	2.2	0.1	1.29	0.1	1.57	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.

**TESTMARK Laboratories Ltd.***Committed to Quality and Service***CERTIFICATE OF ANALYSIS**

RDSB - Jean Hansen

Work Order Number: 346687

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**Reference Sample: CRM-12 (EP-L-3) (12)**

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	80	91.4	120	20180619.R13-6o2

Method Blank: LRB-6 (Blank- µg/L) (6)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	1	ug/L	0	<1	1	20180619.R13-6o2

Positive Control: LFB-7 (N 100 µg/L) (7)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	85.8	120	20180619.R13-6o2

Sample Spike: LFMS-10 (N 100 µg/L) (10)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	84.3	130	20180619.R13-6o2

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

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
T10B (Flushed)	1350897	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T10B (Standing)	1350896	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T10C F	1350899	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T10C S	1350898	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T12A F	1350901	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T12A S	1350900	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T12B F	1350903	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T
T12B S	1350902	ICPMS Reg. Water (R13.1)	20180619.R13-6o2	20180618.A52T



TESTMARK Laboratories
Committed to Quality and Service

V-TM-DW-2012-3.0

DRINKING WATER CHAIN OF CUSTODY FORM

Page 1 of 1

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: RDSB - Jean Hansen										Client: _____										TM Quote #: _____																																																																																																																																																																
Address: 31 Tuddenham Ave.										Address: _____										Client P.O. #: _____																																																																																																																																																																
Sudbury, ON P3C 3E9																				Client Project #: _____																																																																																																																																																																
Contact: Mike Lavallee										Contact: _____																																																																																																																																																																										
Email: lavallm@rainbowschools.ca										Email: _____																																																																																																																																																																										
Phone: 705-674-3171										Phone: _____										Fax: _____																																																																																																																																																																
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 SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return										<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard SPECIFIC DATE: <i>Thurs 21</i> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>										Resample (Yes or No?) ICPMS 1 (Pb)										Residual Chlorine Free Total																																																																																																																																																						
SAMPLING										LABORATORY USE ONLY																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DATE (mm-dd-yy)</th> <th rowspan="2">TIME</th> <th colspan="4">Type**</th> <th rowspan="2">SAMPLE DESCRIPTION</th> <th rowspan="2">Water Trax # (if appl)</th> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th rowspan="2">Free</th> <th rowspan="2">Total</th> <th rowspan="2">CONTAINERS RECEIVED</th> <th colspan="3">WORK ORDER NUMBER:</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> <th>TEMP</th> <th>Btl. Type</th> <th>Lab ID</th> </tr> </thead> <tbody> <tr> <td>6-13-18</td> <td>6:30</td> <td></td> <td></td> <td></td> <td>X</td> <td>T10B (Standing)</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350896</td> </tr> <tr> <td>6-13-18</td> <td>7:05</td> <td></td> <td></td> <td></td> <td>X</td> <td>T10B (Flushed)</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350897</td> </tr> <tr> <td>6-13-18</td> <td>6:40</td> <td></td> <td></td> <td></td> <td>X</td> <td>T10C S</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350898</td> </tr> <tr> <td>6-13-18</td> <td>7:15</td> <td></td> <td></td> <td></td> <td>X</td> <td>T10C F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350899</td> </tr> <tr> <td>6-13-18</td> <td>6:50</td> <td></td> <td></td> <td></td> <td>X</td> <td>T12A S</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350900</td> </tr> <tr> <td>6-13-18</td> <td>7:25</td> <td></td> <td></td> <td></td> <td>X</td> <td>T12A F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350901</td> </tr> <tr> <td>6-13-18</td> <td>7:00</td> <td></td> <td></td> <td></td> <td>X</td> <td>T12B S</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350902</td> </tr> <tr> <td>6-13-18</td> <td>7:35</td> <td></td> <td></td> <td></td> <td>X</td> <td>T12B F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>18</td> <td>14</td> <td>1350903</td> </tr> </tbody> </table>										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	TEMP	Btl. Type	Lab ID	6-13-18	6:30				X	T10B (Standing)		X				1	18	14	1350896	6-13-18	7:05				X	T10B (Flushed)		X				1	18	14	1350897	6-13-18	6:40				X	T10C S						1	18	14	1350898	6-13-18	7:15				X	T10C F						1	18	14	1350899	6-13-18	6:50				X	T12A S						1	18	14	1350900	6-13-18	7:25				X	T12A F						1	18	14	1350901	6-13-18	7:00				X	T12B S						1	18	14	1350902	6-13-18	7:35				X	T12B F						1	18	14	1350903	Work Order Number: <i>346687</i>																			
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					TEMP	Btl. Type				Lab ID																																																																																																																																																																					
6-13-18	6:30				X	T10B (Standing)		X				1	18	14	1350896																																																																																																																																																																					
6-13-18	7:05				X	T10B (Flushed)		X				1	18	14	1350897																																																																																																																																																																					
6-13-18	6:40				X	T10C S						1	18	14	1350898																																																																																																																																																																					
6-13-18	7:15				X	T10C F						1	18	14	1350899																																																																																																																																																																					
6-13-18	6:50				X	T12A S						1	18	14	1350900																																																																																																																																																																					
6-13-18	7:25				X	T12A F						1	18	14	1350901																																																																																																																																																																					
6-13-18	7:00				X	T12B S						1	18	14	1350902																																																																																																																																																																					
6-13-18	7:35				X	T12B F						1	18	14	1350903																																																																																																																																																																					
**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>500039196</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										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>Mark Bocy</u> Date <u>2018-6-13</u> Time <u>10:18</u> Shipped By <u>Hand</u> Shipping Reference <u>NO</u> Received by Testmark By <u>[Signature]</u> Date <u>06/13/18</u> Time <u>10:20</u>																																																																																																																																																																
COMMENTS/FIELD NOTES: <i>- Lead exceedance (sample 1350897) reported. 06/19/18</i>																																																																																																																																																																																				
ESTIMATED STANDING TIME:																																																																																																																																																																																				
Sampled By (Print and Sign) <u>MARK BOCY</u>										Date <u>2018-6-13</u>										Time <u>10:18</u>																																																																																																																																																																
Received By (Print and Sign) _____										Date _____										Time _____																																																																																																																																																																

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (F) • customer.service@testmark.ca
 100 Wilson Ave., Suite 102, Timmins, ON, P4N 2S9 • 705-531-1125 (F) • timmins@testmark.ca
 6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1125 (F) • csr-mississauga@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**



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Jean Hansen
Address: 31 Tuddenham Ave.
Sudbury, ON, P3C 3E9
Phone: (705) 674-3171
Email: lavallm@rainbowschools.ca

Work Order Number: 347981
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500039196
Sampled By: Mark Bocy

Date Order Received: 6/26/2018
Arrival Temperature: 10 °C

Analysis Started: 6/29/2018
Analysis Completed: 7/5/2018

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
T10 B Wall (Standing)	1355855	Water	Plumbing		6/26/2018	6:45 AM
T10 B Wall (Flushed)	1355856	Water	Plumbing		6/26/2018	7:20 AM
T14 S	1355857	Water	Plumbing		6/26/2018	6:50 AM
T14 F	1355858	Water	Plumbing		6/26/2018	7:25 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

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Jean Hansen

Work Order Number: 347981

WORK ORDER RESULTS

Sample Description	T10 B Wall (Standing)		T10 B Wall (Flushed)		T14 S		T14 F			
Lab ID	1355855		1355856		1355857		1355858			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.51	0.1	7.17 [7.23]	0.1	7.71	0.1	2.07	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

Page 1 of 1

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

REPORT TO: Client: RDSB - Jean Hansen Address: 31 Tuddenham Ave. Sudbury, ON P3C 3E9 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705-674-3171 Fax: _____				INVOICE TO: (if different from Report) Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____				PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: _____ Client Project #: _____																																																																																													
REPORTING/INVOICING FORMAT <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 SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return SAMPLING <table><tr><th>DATE (mm-dd-yy)</th><th>TIME</th><th colspan="4">Type**</th></tr><tr><th></th><th></th><th>R</th><th>T</th><th>D</th><th>P</th></tr><tr><td>6-26-18</td><td>6:45</td><td></td><td></td><td></td><td>x</td></tr><tr><td>6-26-18</td><td>7:20</td><td></td><td></td><td></td><td>x</td></tr><tr><td>6-26-18</td><td>6:50</td><td></td><td></td><td></td><td></td></tr><tr><td>6-26-18</td><td>7:25</td><td></td><td></td><td></td><td></td></tr></table>				DATE (mm-dd-yy)	TIME	Type**						R	T	D	P	6-26-18	6:45				x	6-26-18	7:20				x	6-26-18	6:50					6-26-18	7:25					TURN AROUND TIME (TAT)* <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard SAMPLE DATE: THURS 5 <small>* Prior arrangements must be made for rush/weekend/holiday work</small>				ANALYSIS REQUESTED <table><tr><td rowspan="2">Resample (Yes or No?)</td><td rowspan="2">ICPMS 1 (Pb)</td><td colspan="12"></td><td colspan="2">Residual Chlorine</td></tr><tr><td colspan="12"></td><td>Free</td><td>Total</td></tr></table>				Resample (Yes or No?)	ICPMS 1 (Pb)													Residual Chlorine														Free	Total	LABORATORY USE ONLY WORK ORDER NUMBER: 347981 <table><tr><th>CONTAINERS RECEIVED</th><th>TEMP</th><th>Btl. Type</th><th>Lab ID</th></tr><tr><td>1</td><td>10</td><td>10P</td><td>1355855</td></tr><tr><td>↓</td><td>↓</td><td>↓</td><td>1355856</td></tr><tr><td>↓</td><td>↓</td><td>↓</td><td>1355857</td></tr><tr><td>↓</td><td>↓</td><td>↓</td><td>1355858</td></tr></table>				CONTAINERS RECEIVED	TEMP	Btl. Type	Lab ID	1	10	10P	1355855	↓	↓	↓	1355856	↓	↓	↓	1355857	↓	↓	↓	1355858
DATE (mm-dd-yy)	TIME	Type**																																																																																																			
		R	T	D	P																																																																																																
6-26-18	6:45				x																																																																																																
6-26-18	7:20				x																																																																																																
6-26-18	6:50																																																																																																				
6-26-18	7:25																																																																																																				
Resample (Yes or No?)	ICPMS 1 (Pb)													Residual Chlorine																																																																																							
														Free	Total																																																																																						
CONTAINERS RECEIVED	TEMP	Btl. Type	Lab ID																																																																																																		
1	10	10P	1355855																																																																																																		
↓	↓	↓	1355856																																																																																																		
↓	↓	↓	1355857																																																																																																		
↓	↓	↓	1355858																																																																																																		
**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:				REGULATION Waterworks # 500039196 <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 O. REG. 170/318/319 Only: Phone: 705-522-9200 Public Health Unit: SDHU Fax: 705-677-9607 Relinquished to Testmark By (Signature) [Signature] Date 6-26-18 Time 11:28 Shipped By Hand Shipping Reference N/A Received at Testmark By Andrea Date June 26/18 Time 11:28 am																																																																																																	
ESTIMATED STANDING TIME: Sampled By (Print and Sign) Mark Bocy Date 6-26-18 Time 11:28 Received By (Print and Sign) _____ Date _____ Time _____																																																																																																					

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca
100 Wilson Ave., Suite 102, 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) • csr-mississauga@testmark.ca

*** Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 to ensure adequate cooling. 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.