



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - MacLeod P.S.
Address: 23 Walford Road
Sudbury, Ontario, P3E 2H2
Phone/Fax: (705) 690-0323 / (705) 671-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 346702
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045956
Sampled By: Mark Bocy

Date Order Received: 6/13/2018
Arrival Temperature: 16 °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
F 108 L (Standing)	1350942	Water	Plumbing		6/13/2018	7:10 AM
F 108 L (Flushed)	1350943	Water	Plumbing		6/13/2018	7:45 AM
T 101 DC S	1350944	Water	Plumbing		6/13/2018	7:20 AM
T 101 DC F	1350945	Water	Plumbing		6/13/2018	7:55 AM
T 102 DC S	1350946	Water	Plumbing		6/13/2018	7:30 AM
T 102 DC F	1350947	Water	Plumbing		6/13/2018	8:05 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



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Work Order Number: 346702

WORK ORDER RESULTS

Sample Description	F 108 L (Standing)		F 108 L (Flushed)		T 101 DC S		T 101 DC F			
Lab ID	1350942		1350943		1350944		1350945			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.11	0.1	0.11	0.1	0.15	0.1	<0.1	0.1	ug/L	10

Sample Description	T 102 DC S		T 102 DC F			
Lab ID	1350946		1350947			
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.

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							
Method Blank: LRB-6 (Blank- µg/L) (6)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20180620.R13.1B	
Sample Spike: LFMS-10 (N 100 µg/L) (10)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	85.2	130	20180620.R13.1B	
Reference Sample: CRM-12 (EP-L-3) (12)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	92.9	120	20180620.R13.1B	
%RPD: % RPD (4)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	0	0.3	20	20180620.R13.1B	
Positive Control: LFB-7 (N 100 µg/L) (7)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	86.6	120	20180620.R13.1B	

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

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
F 108 L (Flushed)	1350943	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I
F 108 L (Standing)	1350942	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I
T 101 DC F	1350945	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I
T 101 DC S	1350944	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I
T 102 DC F	1350947	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I
T 102 DC S	1350946	ICPMS Reg. Water (R13.1)	20180620.R13.1B	20180619.A52I

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 - MacLeod P.S.</u>	Client: _____	TM Quote #: _____
Address: <u>310 Anthony Street</u>	Address: _____	Client P.O. #: _____
<u>Sudbury, ON P3E 2H7</u>	_____	Client Project #: _____
Contact: <u>Mike Lavallee</u>	Contact: _____	_____
Email: <u>lavallm@rainbowschools.ca</u>	Email: _____	_____
Phone: <u>705-674-3171</u> Fax: _____	Phone: _____ 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											Free	Total	CONTAINERS RECEIVED		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard															
QC DATA REPORTED	SPECIFIC DATE: <u>Thurs 21</u>											WORK ORDER NUMBER: <u>346702</u>				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* Prior arrangements must be made for rush/weekend/holiday work															
SAMPLE DISPOSAL	SAMPLE DESCRIPTION															
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return	Water Trax # (if appl)															
SAMPLING																
DATE (mm-dd-yy)	TIME														Type**	
		R T D P														
<u>6-13-18</u>	<u>7:10</u>		X	<u>F 108 L (Standing)</u>												
<u>6-13-18</u>	<u>7:45</u>		X	<u>F 108 L (Flushed)</u>												
<u>6-13-18</u>	<u>7:20</u>		X	<u>T 101 DC S</u>												
<u>6-13-18</u>	<u>7:55</u>		X	<u>T 101 DC F</u>												
<u>↓</u>	<u>7:30</u>		X	<u>T 102 DC S</u>												
<u>↓</u>	<u>8:05</u>		X	<u>T 102 DC F</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>	REGULATION Waterworks # <u>500045956</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
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COMMENTS/FIELD NOTES:

ESTIMATED STANDING TIME:	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>
Sampled By (Print and Sign) <u>Mark Bocy MB</u>	Shipped By _____
Date <u>2018-6-13</u> Time <u>10:18</u>	Shipping Reference <u>na</u>
Received By (Print and Sign) _____	Received at Testmark By <u>Hand P</u>
Date _____ Time _____	Date <u>06/13/18</u> Time <u>10:20</u>

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 • 705-531-1125 (P) • 705-531-1125 (F) • timmins@testmark.ca
 6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1125 (P) • 905-821-1125 (F) • csr-mississauga@testmark.ca

*** Please contact Customer Service for assistance with customer samples for Schedule 15.1 testing.
 Please use separate CoC's for each Waterworks. Samples must be received below 10°C to ensure that an attempt was made to ensure adequate cooling.

**CONFIRMATION REPORT
SENT**