

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

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - R.L. Beattie 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: 346516
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040366
Sampled By: Mark Bocy

Date Order Received: 6/12/2018
Arrival Temperature: 20 °C

Analysis Started: 6/14/2018
Analysis Completed: 6/15/2018

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
T 114 (Standing)	1106917	Water	Plumbing		6/12/2018	7:10 AM
T 114 (Flushed)	1106918	Water	Plumbing		6/12/2018	7:45 AM
T 115 S	1106919	Water	Plumbing		6/12/2018	7:20 AM
T 115 F	1106920	Water	Plumbing		6/12/2018	7:55 AM
F 115 S	1106921	Water	Plumbing		6/12/2018	7:30 AM
F 115 F	1106922	Water	Plumbing		6/12/2018	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



CERTIFICATE OF ANALYSIS

RDSB - R.L. Beattie Public School

Work Order Number: 346516

WORK ORDER RESULTS

Sample Description	T 114 (Standing)		T 114 (Flushed)		T 115 S		T 115 F			
Lab ID	1106917		1106918		1106919		1106920			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	3.15	0.1	0.33	0.1	1.25	0.1	1.36	0.1	ug/L	10

Sample Description	F 115 S		F 115 F			
Lab ID	1106921		1106922			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.09	0.1	0.61	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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RDSB - R.L. Beattie Public School

Work Order Number: 346516

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	20180615.R13-5o1

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	90.9	120	20180615.R13-5o1

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	80	99.2	120	20180615.R13-5o1

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	91.9	130	20180615.R13-5o1

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 115 F	1106922	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M
F 115 S	1106921	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M
T 114 (Flushed)	1106918	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M
T 114 (Standing)	1106917	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M
T 115 F	1106920	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M
T 115 S	1106919	ICPMS Reg. Water (R13.1)	20180615.R13-5o1	20180614.A52M



DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: Client: <u>RDSB - R.L. Beattie P.S.</u> Address: <u>102 Loach's Road</u> <u>Sudbury, ON P3E 2P7</u> Contact: <u>Mark Bocy</u> Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3171</u> 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				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: <u>Wed 20</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>				LABORATORY USE ONLY WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">346516</div>																																																																																																																					
SAMPLING <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 colspan="2">Residual Chlorine</th> <th rowspan="2">CONTAINERS RECEIVED</th> <th rowspan="2">TEMP</th> <th rowspan="2">Btl. Type</th> <th rowspan="2">Lab ID</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> <th>Free</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>6-12-18</td> <td>7:10</td> <td></td> <td></td> <td></td> <td>X</td> <td>T114 (Standing)</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td>20</td> <td>1LP</td> <td>1106917</td> </tr> <tr> <td>6-12-18</td> <td>7:45</td> <td></td> <td></td> <td></td> <td>X</td> <td>T114 (Flushed)</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1106918</td> </tr> <tr> <td>6-12-18</td> <td>7:20</td> <td></td> <td></td> <td></td> <td>X</td> <td>T115 S</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1106919</td> </tr> <tr> <td>6-12-18</td> <td>7:55</td> <td></td> <td></td> <td></td> <td>X</td> <td>T115 F</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1106920</td> </tr> <tr> <td>6-12-18</td> <td>7:30</td> <td></td> <td></td> <td></td> <td>X</td> <td>F115 S</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1106921</td> </tr> <tr> <td>6-12-18</td> <td>8:05</td> <td></td> <td></td> <td></td> <td>X</td> <td>F115 F</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1106922</td> </tr> </tbody> </table>				DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION	Water Trax # (if appl)	Resample (Yes or No?)	ICPMS 1 (Pb)	Residual Chlorine		CONTAINERS RECEIVED	TEMP	Btl. Type	Lab ID	R	T	D	P	Free	Total	6-12-18	7:10				X	T114 (Standing)		X				1	20	1LP	1106917	6-12-18	7:45				X	T114 (Flushed)		X				1			1106918	6-12-18	7:20				X	T115 S		X				1			1106919	6-12-18	7:55				X	T115 F		X				1			1106920	6-12-18	7:30				X	F115 S		X				1			1106921	6-12-18	8:05				X	F115 F		X				1			1106922	REGULATION Waterworks # <u>500040366</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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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>								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>6-12-18</u> Time <u>9:40</u> Shipped By <u>Hand</u> Shipping Reference <u>N/A</u> Received at Testmark By <u>Andrea</u> Date <u>June 12/18</u> Time <u>9:53 am</u>																																																																																																																					
COMMENTS/FIELD NOTES: 								ESTIMATED STANDING TIME: Sampled By (Print and Sign) <u>Mark Bocy</u> Date <u>6-12-18</u> Time <u>6:30</u> Received By (Print and Sign) _____ Date _____ Time _____																																																																																																																					

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Address: 69 Young St
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 674-3171 / (705) 761-2442
Email: bocym@rainbowschools.ca

Work Order Number: 346514
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040366
Sampled By: Mark Bocy

Date Order Received: 6/12/2018
Arrival Temperature: 20 °C

Analysis Started: 6/14/2018
Analysis Completed: 6/15/2018

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 106 (Standing)	1106904	Water	Plumbing		6/12/2018	6:30 AM
F 106 (Flushed)	1106905	Water	Plumbing		6/12/2018	7:05 AM
T 105 S	1106906	Water	Plumbing		6/12/2018	6:40 AM
T 105 F	1106907	Water	Plumbing		6/12/2018	7:15 AM
F 102 S	1106908	Water	Plumbing		6/12/2018	6:50 AM
F 102 F	1106909	Water	Plumbing		6/12/2018	7:25 AM
T 107 S	1106910	Water	Plumbing		6/12/2018	7:00 AM
T 107 F	1106911	Water	Plumbing		6/12/2018	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



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RDSB - R.L. Beattie Public School

Work Order Number: 346514

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - R.L. Beattie Public School

Work Order Number: 346514

WORK ORDER RESULTS

Sample Description	F 106 (Standing)		F 106 (Flushed)		T 105 S		T 105 F			
Lab ID	1106904		1106905		1106906		1106907			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	1.72	0.1	1.14	0.1	ug/L	10

Sample Description	F 102 S		F 102 F		T 107 S		T 107 F			
Lab ID	1106908		1106909		1106910		1106911			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	2.95	0.1	0.27	0.1	0.6	0.1	0.39	0.1	ug/L	10

LEGEND

Dates: Dates are formatted as mm/dd/year throughout this report.

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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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RDSB - R.L. Beattie Public School

Work Order Number: 346514

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	20180615.R13-5o2
Lead	1	ug/L	0	<1	1	20180615.R13-6o2

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	88.1	120	20180615.R13-6o2
Lead	N/A	%	80	91.7	120	20180615.R13-5o2

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	80	100	120	20180615.R13-5o2
Lead	N/A	% Rec	80	95	120	20180615.R13-6o2

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

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	82.7	130	20180615.R13-6o2
Lead	N/A	% Rec	70	97.4	130	20180615.R13-5o2

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 102 F	1106909	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
F 102 S	1106908	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
F 106 (Flushed)	1106905	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
F 106 (Standing)	1106904	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
T 105 F	1106907	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
T 105 S	1106906	ICPMS Reg. Water (R13.1)	20180615.R13-5o2	20180614.A52V
T 107 F	1106911	ICPMS Reg. Water (R13.1)	20180615.R13-6o2	20180614.A52X
T 107 S	1106910	ICPMS Reg. Water (R13.1)	20180615.R13-6o2	20180614.A52X

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: RDSB - R.L. Beattie P.S.				Client: _____												TM Quote #: _____																																																															
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REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*												LABORATORY USE ONLY WORK ORDER NUMBER: 346514																																																															
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**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)								Waterworks # 500040366 <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS																																																																							
Adverse and Exceedance Notification Information: Name: Mark Bocy Cell: 705-690-0323 Phone: 705-671-3174 x 7231 Fax: 705-761-2442								REGULATION 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:								Relinquished to Testmark By (Signature) Mark Bocy Date 6-12-18 Time 9:40																																																																							
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ESTIMATED STANDING TIME:								Received at Testmark By Andrea Date June 12/18 Time 9:53 AM																																																																							

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 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.

CONFIRMATION REPORT SENT