



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

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

Work Order Number: 347102
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #: 500046099
DWS #: 500046099
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
147-B/F-01 (S)	1352813	Water	Plumbing		6/16/2018	10:52 AM
147-B/F-01 (F)	1352814	Water	Plumbing		6/16/2018	11:27 AM
147-F-01 (S)	1352815	Water	Plumbing		6/16/2018	10:52 AM
147-F-01 (F)	1352816	Water	Plumbing		6/16/2018	11:27 AM
147-B/F-02 (S)	1352817	Water	Plumbing		6/16/2018	10:52 AM
147-B/F-02 (F)	1352818	Water	Plumbing		6/16/2018	11:27 AM
147-T-02 (S)	1352819	Water	Plumbing		6/16/2018	10:52 AM
147-T-02 (F)	1352820	Water	Plumbing		6/16/2018	11:27 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 6 hrs, as per O.reg. 243.



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

RDSB - Redwood Acres Public School

Work Order Number: 347102

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Redwood Acres Public School

Work Order Number: 347102

WORK ORDER RESULTS

Sample Description	147 - B/F - 01 (S)		147 - B/F - 01 (F)		147 - F - 01 (S)		147 - F - 01 (F)			
Lab ID	1352813		1352814		1352815		1352816			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	0.48	0.1	0.28	0.1	ug/L	10

Sample Description	147 - B/F - 02 (S)		147 - B/F - 02 (F)		147 - T - 02 (S)		147 - T - 02 (F)			
Lab ID	1352817		1352818		1352819		1352820			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	0.94	0.1	0.69	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

REPORT TO:	INVOICE TO: (if different from Report)	PROJECT INFORMATION:
Client: Redwood Acres PS	Client: Rainbow School Board	TM Quote #:
Address: 4625 Carl Street, Hanmer ON, P3P 1X5	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	<div style="display: flex; justify-content: space-between;"> Resample (Yes or No?) Lead Free Total </div> <div style="text-align: center; font-size: 2em; color: blue; margin: 20px 0;">●</div> Residual Chlorine										CONTAINERS RECEIVED 347102			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard														
QC DATA REPORTED	SPECIFIC DATE: Tues 26														
<input type="checkbox"/> Yes <input type="checkbox"/> No	* Prior arrangements must be made for rush/weekend/holiday work														
SAMPLE DISPOSAL															
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return															
SAMPLING															
DATE (mm-dd-yy)	TIME	Type**	SAMPLE DESCRIPTION (This Will Appear On The Report)		Water Trax # (if appl)						Free	Total	TEMP	Btl. Type	Lab ID
		R T D P													
06-16-18	10:52			X	147-B/F-01 (S)										352813
"	11:27			X	147-B/F-01 (F)										352814
"	10:52			X	147-F-01 (S)										352815
"	11:27			X	147-F-01 (F)										352816
"	10:52			X	147-B/F-02 (S)										352817
"	11:27			X	147-B/F-02 (F)										352818
"	10:52			X	147-T-02 (S)										352819
"	11:27			X	147-T-02 (F)										352820

**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243) Adverse and Exceedance Notification Information: Name: Mike Lavallee Cell: 705-929-4787 Phone: Fax:	Waterworks # 500046099 <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 <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 Are the results reportable as per O. REG. 170/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

COMMENTS/FIELD NOTES: water standing in excess of 6 hrs, as per O.reg. 243	O. REG. 170/319 Only: Phone: _____ Public Health Unit: Fax: _____ Relinquished to Testmark By (Signature) M. Lavallee Date: 06-18-18 Time: 1:43 Shipped By: Hand Shipping Reference: 027032 Received at Testmark By: K 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 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