



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mark Bocy
Company: RDSB - S. Geiger 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: 347310
PO #:
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045644
Sampled By: Steve McCulloch

Date Order Received: 6/19/2018
Arrival Temperature: 16 °C

Analysis Started: 6/22/2018
Analysis Completed: 6/26/2018

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
A Standing	1353567	Water	Plumbing		6/19/2018	6:00 AM
A Flushed	1353568	Water	Plumbing		6/19/2018	6:35 AM
D Standing	1353569	Water	Plumbing		6/19/2018	6:02 AM
D Flushed	1353570	Water	Plumbing		6/19/2018	6:37 AM
22A Standing	1353571	Water	Plumbing		6/19/2018	6:04 AM
22A Flushed	1353572	Water	Plumbing		6/19/2018	6:39 AM
27 Standing	1353573	Water	Plumbing		6/19/2018	6:06 AM
27 Flushed	1353574	Water	Plumbing		6/19/2018	6:41 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

ESTIMATED STANDING TIME: 10hrs.



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This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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WORK ORDER RESULTS

Sample Description	A Standing		A Flushed		D Standing		D Flushed			
Lab ID	1353567		1353568		1353569		1353570			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	4.63	0.1	1.62	0.1	3.55	0.1	5.2	0.1	ug/L	10

Sample Description	22A Standing		22A Flushed		27 Standing		27 Flushed			
Lab ID	1353571		1353572		1353573		1353574			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.84	0.1	0.49	0.1	2.99	0.1	2.46	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	20180626.R13.1E	
Sample Spike: LFMS-9 (N 100 µg/L) (9)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	90.9	130	20180626.R13.1E	
Positive Control: LFB-7 (N 100 µg/L) (7)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	90.1	120	20180626.R13.1E	
%RPD: % RPD (4)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	0	2.2	20	20180626.R13.1E	
Reference Sample: CRM-12 (EP-L-3) (12)							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	ug/L	3.65	3.84	4.35	20180626.R13.1E	

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

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
22A Flushed	1353572	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
22A Standing	1353571	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
27 Flushed	1353574	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
27 Standing	1353573	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
A Flushed	1353568	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
A Standing	1353567	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
D Flushed	1353570	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S
D Standing	1353569	ICPMS Reg. Water (R13.1)	20180626.R13.1E	20180622.A52S



DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: Client: RDSB - S. Geiger P.S. Address: 355 Government Road Massey, ON P0P 1P0 Contact: Mark Bocy <i>Steve McCullagh</i> Email: bocym@rainbowschools.ca; lavallm@rainbowschools.ca Phone: 705-674-3171 Fax: <i>mccullag@rainbowschools.ca</i>		INVOICE TO: (if different from Report) Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____		PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: _____ Client Project #: _____	
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REPORTING/INVOICING FORMAT <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail		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			ANALYSIS REQUESTED Resample (Yes or No?) ICPMS 1 (Pb)										LABORATORY USE ONLY WORK ORDER NUMBER: <h1 style="color: red;">347310</h1>																																
QC DATA REPORTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SPECIFIC DATE: <i>Wed 27</i> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>			Free Residual Chlorine Total										CONTAINERS RECEIVED																																
SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		SAMPLING DATE (mm-dd-yy) TIME Type** R T D P			SAMPLE DESCRIPTION			Water Trax # (if appl)			<table border="1"> <thead> <tr> <th>TEMP</th> <th>Btl. Type</th> <th>Lab ID</th> </tr> </thead> <tbody> <tr><td><i>16</i></td><td><i>1LP</i></td><td><i>1353567</i></td></tr> <tr><td></td><td></td><td><i>1353568</i></td></tr> <tr><td></td><td></td><td><i>1353569</i></td></tr> <tr><td></td><td></td><td><i>1353570</i></td></tr> <tr><td></td><td></td><td><i>1353571</i></td></tr> <tr><td></td><td></td><td><i>1353572</i></td></tr> <tr><td></td><td></td><td><i>1353573</i></td></tr> <tr><td></td><td></td><td><i>1353574</i></td></tr> </tbody> </table>										TEMP	Btl. Type	Lab ID	<i>16</i>	<i>1LP</i>	<i>1353567</i>			<i>1353568</i>			<i>1353569</i>			<i>1353570</i>			<i>1353571</i>			<i>1353572</i>			<i>1353573</i>			<i>1353574</i>
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SAMPLED: <i>Jun 18</i> 6:00 6:35 6:02 6:37 6:04 6:39 6:06 6:41		Type** R T D P X X X X X X X X			A (Standing) A (Flushed) D Standing D Flushed 22A Standing 22A Flushed 27 Standing 27 Flushed			X X X X X X X X			Residual Chlorine Free Total																																				

**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)		REGULATION Waterworks # <u>500045644</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	
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>		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	

COMMENTS/FIELD NOTES: <i>Please use date+Time from Custody form</i>		O. REG. 170/318/319 Only: Phone: <u>705-522-9200</u> Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u>	
ESTIMATED STANDING TIME: <i>10 hrs.</i>		Relinquished to Testmark By (Signature) _____ Date _____ Time _____	
Sampled By (Print and Sign) <i>Steve McCullagh</i> <i>SM</i> Date: <i>Jun 19/18</i> Time: <i>6:00am</i>		Shipped By <i>Hand</i> Shipping Reference <i>027037</i>	
Received By (Print and Sign) <i>Steve McCullagh</i> <i>SM</i> Date: <i>June 19/18</i> Time: <i>8am</i>		Received at Testmark By _____ Date: <i>6/19/18</i> Time: <i>1250</i>	

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

Larry S.