



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Westmount Avenue 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: 346380
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040288
Sampled By: Mike Lavallee

Date Order Received: 6/11/2018
Arrival Temperature: 7 °C

Analysis Started: 6/15/2018
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
161-F-03 (S)	1106416	Treated Water	Plumbing		6/9/2018	8:46 AM
161-F-03 (F)	1106417	Treated Water	Plumbing		6/9/2018	9:21 AM
161-T-03 (S)	1106418	Treated Water	Plumbing		6/9/2018	8:45 AM
161-T-03 (F)	1106419	Treated Water	Plumbing		6/9/2018	9:20 AM
161-T-04 (S)	1106420	Treated Water	Plumbing		6/9/2018	8:45 AM
161-T-04 (F)	1106421	Treated Water	Plumbing		6/9/2018	9:20 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 six hours, as per reg.243



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RDSB - Westmount Avenue Public School

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This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Westmount Avenue Public School

Work Order Number: 346380

WORK ORDER RESULTS

Sample Description	161 - F - 03 (S)		161 - F - 03 (F)		161 - T - 03 (S)		161 - T - 03 (F)			
Lab ID	1106416		1106417		1106418		1106419			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.34	0.1	1.12	0.1	<0.1	0.1	<0.1	0.1	ug/L	10

Sample Description	161 - T - 04 (S)		161 - T - 04 (F)			
Lab ID	1106420		1106421			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.17	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.

DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: Client: Westmount PS Address: 511 Westmount Ave. Sudbury ON P3A 1B3 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705-929-4787 Fax:	INVOICE TO: (if different from Report) Client: Address: _____ Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705.929.4787 Fax:	PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: 706LW1736503 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	Residual Chlorine Free Total	LABORATORY USE ONLY WORK ORDER NUMBER: 346380																																																																																																													
QC DATA REPORTED <input type="checkbox"/> Yes <input type="checkbox"/> No	SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return	SPECIFIC DATE: Tue 19 <small>* Prior arrangements must be made for rush/weekend/holiday work</small>	Resample (Yes or No?)	CONTAINERS RECEIVED																																																																																																													
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 (This Will Appear On The Report)</th> <th rowspan="2">Water Trax # (if appl)</th> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">Lead</th> <th rowspan="2">Free</th> <th rowspan="2">Total</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> </tr> </thead> <tbody> <tr> <td>06/09/2018</td> <td>08:46</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-F-03 (S)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>7</td> <td>8 ltr</td> <td>1106415</td> </tr> <tr> <td>06/09/2018</td> <td>09:21</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-F-03 (F)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>1106417</td> </tr> <tr> <td>06/09/2018</td> <td>08:45</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-T-03 (S)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>1106418</td> </tr> <tr> <td>06/09/2018</td> <td>09:20</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-T-03 (F)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>1106419</td> </tr> <tr> <td>06/09/2018</td> <td>08:45</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-T-04 (S)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>1106420</td> </tr> <tr> <td>06/09/2018</td> <td>09:20</td> <td></td> <td></td> <td></td> <td>X</td> <td>161-T-04 (F)</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>1106421</td> </tr> </tbody> </table>			DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)	Resample (Yes or No?)	Lead	Free	Total	TEMP	Btl. Type	Lab ID	R	T	D	P	06/09/2018	08:46				X	161-F-03 (S)			X			7	8 ltr	1106415	06/09/2018	09:21				X	161-F-03 (F)			X					1106417	06/09/2018	08:45				X	161-T-03 (S)			X					1106418	06/09/2018	09:20				X	161-T-03 (F)			X					1106419	06/09/2018	08:45				X	161-T-04 (S)			X					1106420	06/09/2018	09:20				X	161-T-04 (F)			X					1106421
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**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: _____	REGULATION Waterworks # 500040288 <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
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COMMENTS/FIELD NOTES: Water standing in excess of six hours, as per reg.243

O. REG. 170/319 Only: _____ Public Health Unit: _____ Relinquished to Testmark By (Signature) _____	Phone: _____ Fax: _____ Date _____ Time 14:34 Shipped By Hand _____ Shipping Reference 026996 Received at Testmark By Akwlep _____ Date 06/11/18 Time 14:34
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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.