



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client:	Steve McCulloch	Work Order Number:	359961
Company:	RDSB - Central Manitoulin Public School	PO #:	
Address:	69 Young St. Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 674-3171 / (705) 761-2442	Project #:	
Email:	mcculls@rainbowschools.ca	DWS #:	500039027
		Sampled By:	Steve McCulloch
Date Order Received:	11/13/2018	Analysis Started:	11/15/2018
Arrival Temperature:	1.3 °C	Analysis Completed:	11/16/2018

### WORK ORDER SUMMARY

ANALYSES WERE PERFORMED ON THE FOLLOWING SAMPLES AS RECEIVED. RESULTS RELATE ONLY TO THE ITEMS TESTED.

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
102 A (Day Care) (Standing)	1398040	Water	Plumbing		11/13/2018	6:30 AM
102 A (Day Care) (Flushed)	1398041	Water	Plumbing		11/13/2018	7:05 AM

### METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Reg. Water (A13)	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 RESULTS

Sample Description	102 A (Day Care) (Standing)		102 A (Day Care) (Flushed)			
Lab ID	1398040		1398041			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.2	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.

Exceedences: HIGHLIGHTED CELLS INDICATE THAT THE RESULT EXCEEDS A REGULATORY LIMIT. CALCULATED UNCERTAINTY ESTIMATIONS ARE NOT APPLIED FOR DETERMINING SAMPLE EXCEEDANCES..



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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	20181116.R13.1F

Positive Control: LFB-7 (N 100 µg/L) (7)						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	95.1	120	20181116.R13.1F

Reference Sample: CRM-12 (EP-L-3) (12)						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	1	ug/L	3.65	3.88	4.35	20181116.R13.1F

Sample Spike: LFMS-9 (N 100 µg/L) (9)						
Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	90.3	130	20181116.R13.1F

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

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
102 A (Day Care) (Flushed)	1398041	ICPMS Reg. Water (A13)	20181116.R13.1F	20181115.A52V
102 A (Day Care) (Standing)	1398040	ICPMS Reg. Water (A13)	20181116.R13.1F	20181115.A52V

**DRINKING WATER CHAIN OF CUSTODY FORM**

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

<b>REPORT TO:</b> Client: <u>RDSB - Central Manitoulin P.S.</u> Address: <u>56 Young Street</u> <u>Mindemoya, ON P0P 1S0</u> Contact: <u>Steve McCulloch / Mike Lavallee</u> Email: <u>mcculls@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3171</u> Fax: _____	<b>INVOICE TO: (if different from Report)</b> Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____	<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: _____ Client Project #: _____
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<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return	<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard	<b>ANALYSIS REQUESTED</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th colspan="10">Analysis Requested</th> <th colspan="2">Residual Chlorine</th> </tr> <tr> <th>Free</th> <th>Total</th> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th> </tr> <tr> <td></td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Resample (Yes or No?)	ICPMS 1 (Pb)	Analysis Requested										Residual Chlorine		Free	Total																									<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">359961</div>
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CONFIRMATION REPORT SENT

<b>**Type:</b> R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) <b>Adverse and Exceedance Notification Information:</b> Name: <u>Steve McCulloch</u> Cell: <u>705-862-1565</u> Phone: <u>705-671-3174 x 6239</u> Fax: <u>705-761-2442</u>	<b>REGULATION</b> Waterworks # <u>500039027</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 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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<b>COMMENTS/FIELD NOTES:</b>  <b>ESTIMATED STANDING TIME:</b> Sampled By (Print and Sign) <u>Steve McCulloch</u> Date <u>Nov 13, 18</u> Time <u>7:05am</u> Received By (Print and Sign) <u>Steve McCulloch</u> Date <u>Nov 13, 18</u> Time <u>7:05am</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>[Signature]</u> Date <u>Nov 13/18</u> Time <u>3:05</u> Shipped By <u>Hand</u> Shipping Reference <u>Hand N/A</u> Received at Testmark By <u>Akhila</u> Date <u>11/13/18</u> Time <u>16:05</u>
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\*\*\* 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.