



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client:	Mike Lavallee	Work Order Number:	359771
Company:	RDSB - Levack Public School	PO #:	706LW1736503
Address:	69 Young St. Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 929-4787 / (705) 761-2442	Project #:	
Email:	lavallm@rainbowschools.ca	DWS #:	500045787
		Sampled By:	Helen Tremblay
Date Order Received:	11/9/2018	Analysis Started:	11/15/2018
Arrival Temperature:	10 °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
129-B/F-01(S)	1397339	Water	Plumbing		11/9/2018	6:30 AM
129-B/F-01(F)	1397340	Water	Plumbing		11/9/2018	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 Number: 359771

WORK ORDER RESULTS

Sample Description	129 - B/F - 01(S)		129 - B/F - 01(F)			
Lab ID	1397339		1397340			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	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.

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



DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: RDSB - Lavack Public School		INVOICE TO: (if different from Report)		PROJECT INFORMATION:	
Client: Lavack PS		Client: Rainbow School Board		TM Quote #:	
Address: 100 High Street, Lavack, ON P0M 2G0		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												Residual Chlorine		WORK ORDER NUMBER: 359771					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																			
QC DATA REPORTED		SPECIFIC DATE: Mon 19		Resample (Yes or No?)										CONTAINERS RECEIVED		TEMP Btl. Type Lab ID					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		* Prior arrangements must be made for rush/weekend/holiday work																			
SAMPLE DISPOSAL		SAMPLE DESCRIPTION		Water Trax # (if appl)																	
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		(This Will Appear On The Report)																			
SAMPLING																					
DATE (mm-dd-yy)	TIME	Type**																			
		R	T	D	P																
11-08-2018	6:30				X	129-B/F -01 (S)															
11-07-2018	7:05				X	129-B/F-01 (F)															

CONFIRMATION REPORT SENT

**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)

Waterworks # 500045787 O. REG. 170 O. REG. 319 None
 O. REG. 243 ODWS

LSN Form Submitted to MOE/PHU? Not Applicable

Are these water samples for human consumption? Yes No

Are the results reportable as per O. REG. 170/319? Yes No

Adverse and Exceedance Notification Information:
 Name: Mike Lavallee Cell: 705-929-4787
 Phone: Fax:

COMMENTS/FIELD NOTES:

O. REG. 170/319 Only: Phone: _____
 Public Health Unit: Fax: _____
 Relinquished to Testmark By (Signature) *[Signature]* Date 11/09/18 Time 12:02
 Shipped By *[Signature]* Shipping Reference 110 027387
 Received at Testmark By *[Signature]* Date 11/09/18 Time 12:08

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.