



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client:	Mike Lavallee	Work Order Number:	358295
Company:	RDSB - Markstay 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 #:	500045618
		Sampled By:	Mike Lavallee
Date Order Received:	10/24/2018	Analysis Started:	10/31/2018
Arrival Temperature:	3 °C	Analysis Completed:	11/1/2018

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
136-DC-01 (S)	1392057	Water	Plumbing		10/21/2018	9:18 AM
136-DC-01 (F)	1392058	Water	Plumbing		10/21/2018	9:53 AM
136-DC-02 (S)	1392059	Water	Plumbing		10/21/2018	9:18 AM
136-DC-02 (F)	1392060	Water	Plumbing		10/21/2018	9:53 AM
136-DC-03 (S)	1392061	Water	Plumbing		10/21/2018	9:18 AM
136-DC-03 (F)	1392062	Water	Plumbing		10/21/2018	9:53 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

REPORT COMMENTS

Water standing in excess of six hours, as per reg.243



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Work Order Number: 358295

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Markstay Public School

Work Order Number: 358295

WORK ORDER RESULTS

Sample Description	136 - DC - 01 (S)		136 - DC - 01 (F)		136 - DC - 02 (S)		136 - DC - 02 (F)			
Lab ID	1392057		1392058		1392059		1392060			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.2	0.1	<0.1	0.1	0.2	0.1	0.1	0.1	ug/L	10

Sample Description	136 - DC - 03 (S)		136 - DC - 03 (F)			
Lab ID	1392061		1392062			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.7	0.1	0.2	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: <i>RDSB-Markstay Public School</i>		INVOICE TO: (if different from Report)		PROJECT INFORMATION:	
Client: Markstay PS		Client: Rainbow School Board		TM Quote #:	
Address: 7 Pioneer Street East, Markstay, 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: 358295	
<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: <i>Thu 01</i>		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		SAMPLING		Lead										Free Total			
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		DATE (mm-dd-yy) TIME Type**															
		R T D P		Water Trax # (if appl)													
		SAMPLE DESCRIPTION (This Will Appear On The Report)															
		10-21-18 9:18 X		X												1 30° UP 1392057	
		10-21-18 9:53 X															
		10-21-18 9:18 X		X												↓ ↓ 1392058	
		10-21-18 9:53 X															
		10-21-18 9:18 X		X												↓ ↓ 1392059	
		10-21-18 9:53 X															
		10-21-18 9:18 X		X												↓ ↓ 1392060	
		10-21-18 9:53 X															
		X		X												↓ ↓ 1392061	
		X															
		X		X												↓ ↓ 1392062	
		X															

CONFIRMATION REPORT SENT

**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)		REGULATION Waterworks # 500045618 <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None <input checked="" type="checkbox"/> O. REG. 243	
Adverse and Exceedance Notification Information: Name: Mike Lavallee Cell: 705-929-4787 Phone: Fax:		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 six hours, as per reg.243		O. REG. 170/319 Only: Public Health Unit: Relinquished to Testmark By (Signature) <i>M. L.</i> Date 10-24-18 Time 9:24	
Sampelred by: Mike Lavallee <i>M. L.</i> Date 10-21-18 Time 9:00		Shipped By <i>HAND</i> Shipping Reference <i>027317</i>	
Received By Mike Lavallee Date Time		Received at Testmark By <i>AP</i> Date 24/10/18 Time 9:25	

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.