

C01A MAJOR IONS IN WATER

1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Samples are unpreserved, natural waters and should be stored at $4\pm 2^{\circ}\text{C}$ upon receipt. Samples are stable for the duration of the study.
- 1.3 Check that all the parameters for which you are registered are correctly identified in the PTC portal.
- 1.4 Inquiries regarding samples and their shipment may be directed to:

PT Non-conformances
Information and Quality Management
Environment and Climate Change Canada
fax: 905-336-8914
email: ec.ptnc.ec@canada.ca

cc: PT Canada, Program Officer
email: programofficer@PTcanada.org
cc: Ken Middlebrook, PT Canada
email: kmiddlebrook@PTcanada.org

Inquiries should be made by email if possible. Use the Nonconformance Form (see reverse) when sending a fax. When reporting damage upon receipt, please provide a picture of the damaged samples. Please include your PT Canada laboratory number on all correspondence.

2.0 Sample Analysis

- 2.1 The fluoride concentrations will be similar to those found in tap water. All other constituents will have concentrations similar to those found in lake or river waters. Because these samples are natural waters, the concentrations may be outside those listed in PAR-02 Catalogue.
- 2.2 Proceed with testing using the routine analytical method identified in your PT Canada application.

3.0 Reporting Results

- 3.1 Results must be reported by midnight of the study deadline in the PTC portal.
- 3.2 Nitrate and Nitrate + Nitrite are to be reported as N. Silica is to be reported as SiO₂.
- 3.3 Report RDL (optional) if you want RDL accounted for in z scores.

4.0 Safety

- 4.1 The PT samples are designed for use by laboratory professionals familiar with environmental samples and potentially hazardous materials.

PT SAMPLE NON-CONFORMANCE FORM

Attn: PT non-conformances

Study Number:

ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS

1 - Laboratory Information

Contact Name:

Laboratory Name

Laboratory Address

Contact Telephone #

Contact Facsimile #

Contact e-mail:

2 - Sample Details

Date & Time of Arrival(YYYY,MM,DD,HH:MM):

Tracking Number:

Test Groups Received (e.g. C1, C2 etc.):

Number of Boxes:

3 - Description of Nonconformance

4 - Requested Action

5 - PT Provider Notes