

C02B METALS (HIGH RANGE) IN WATER

1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 The samples are preserved with 0.2% HNO₃ and may be stored at room temperature 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 samples are particulate-free and should not be digested nor filtered prior to analysis.
- 2.2 All metals are at concentrations suitable for ICP-MS, ICP-OES and/or atomic absorption (refer to PAR-02 Catalogue for approximate concentration ranges).
- 2.3 Samples contain metals commonly used as Internal standards for ICP-MS (e.g., Lithium and Bismuth). Calibration may have to be adjusted accordingly.
- 2.4 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 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