

## C35 PCBs IN SOIL

### 1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Store samples 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 on the web data entry report page.
- 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](mailto:ec.ptnc.ec@canada.ca)

cc: PT Canada, Program Officer  
email: [programofficer@PTcanada.org](mailto:programofficer@PTcanada.org)  
cc: Ken Middlebrook, PT Canada  
email: [kmiddlebrook@PTcanada.org](mailto: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

- 1.1 Each sample is composed primarily from a single aroclor (either Aroclor 1242, 1248, 1254 or 1260); however, each sample may contain trace amounts of other aroclors. Total PCB concentrations are at an interval below approximately 150 ug/g.
- 1.2 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 (see the General Proficiency Testing Information sheet included with the shipment for details).
- 3.2 Report results on a dry weight basis.

### 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