

C43 SOLIDS 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 as per laboratory protocol. Keep samples tightly sealed until analysis. 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. If not, report results for missing analyte in the comments field and provide information on method used.
- 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 Sample concentrations are in the typical range for clean and organic soils.
- 2.2 Proceed with testing using the routine analytical method identified in your PT Canada application. Samples for Total Solids/Moisture are to be dried at 105°C. Samples for Fixed Solids/Volatile Solids are to be ignited at 550°C.

3.0 Reporting Results

- 3.1 Results are to be reported on percentage basis. Do not include the % sign.
- 3.2 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet included with the shipment for details).

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