

# INSTRUCTIONS

## C01B AMMONIA, PHOSPHATE, ORGANIC CARBON, BROMIDE AND NITRITE IN WATER

### 1.0 Sample Reception

- 1.1 Check that all the sample bottles for which you are registered are accounted for. All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Samples are unpreserved 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 on the web data entry report form.
- 1.4 Inquiries regarding samples and their shipment may be directed to:

PT Non-conformances  
Information and Quality Management  
Environment Canada  
fax: 905-336-8914  
email: [PTNC@ec.gc.ca](mailto:PTNC@ec.gc.ca)

cc: Erinn Knight, CALA Program Administrator  
fax: 613-233-5501  
email: [eknight@cala.ca](mailto:eknight@cala.ca)

Inquiries must be made by facsimile or email only. Use the Nonconformance Form (see reverse) when sending a fax. Please include your CALA membership number on all correspondence.

### 2.0 Sample Analysis

- 2.1 Approximate sample concentration ranges are indicated in *P02-04-CALA Program Description - PT Catalogue*.
- 2.2 If your laboratory uses ion chromatograph, run a blank after each sample due to the possible presence of a late eluting compound.
- 2.3 Proceed with testing using the routine analytical method identified in your recent application to the CALA program.

### 3.0 Reporting Results

- 3.1 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).
- 3.2 Report ammonia and nitrite as N, phosphate as P and organic carbon as C
- 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 &amp; 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