

# INSTRUCTIONS C02A METALS (FULL 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% HNO<sub>3</sub> and may be stored 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 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: CALA Program Administrator  
cc: Ken Middlebrook, CALA PT Manager  
fax: 613-233-5501  
email: [programadmin@cala.ca](mailto:programadmin@cala.ca)  
email: [kmiddlebrook@cala.ca](mailto:kmiddlebrook@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 Samples are particulate-free and should not be digested nor filtered prior to analysis.
- 2.2 Hydride metals (As, Sb, and Se) sample concentrations are approximately less than 100 µg/L.
- 2.3 All other metals are at concentrations suitable for ICP-MS, ICP-OES and/or atomic absorption (refer to P02-04-CALA *Program Description – PT Catalogue* for approximate concentration ranges).
- 2.4 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 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 NameLaboratory AddressContact 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