

INSTRUCTIONS C06B PCBs IN WATER

1.0 Sample Reception

- 1.1 Check that all the samples for which you are registered are accounted for. 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 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

cc: Erinn Knight, CALA Program Administrator
fax: 613-233-5501
email: 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 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. Sample concentration ranges are approximately lower than $20\ \mu\text{g/l}$.
- 2.2 Proceed with testing using the routine analytical method identified in your recent application to the CALA program. If your method quantifies the aroclors, enter these as well.

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 score.

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