

INSTRUCTIONS

C09 - METALS ON AIR FILTERS

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 Each sample consists of 47 mm quartz disc filters in a single petri dish, to be analyzed as one sample. A blank is provided with each sample set.
- 1.3 Store samples at $4\pm 2^{\circ}\text{C}$ upon receipt. Samples are stable for the duration of the study.
- 1.4 Check that all the parameters for which you are registered are correctly identified on the web data entry report form.
- 1.5 Inquiries regarding samples and their shipment may be directed to:

PT Non-conformances

Phenova
Tel: (866) 942-2978
Fax: (866) 283-0269
Email: TyG@phenova.com

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 All the filter discs provided for each sample must be carried through the testing procedures. Methods must utilize acid digestion. Reported results must be blank corrected, if a detectable blank level is obtained.
- 2.2 Low sample concentrations equal or exceed approximately $4\ \mu\text{g}$ for Cd, Cu, Pb and Zn.
- 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 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