

# INSTRUCTIONS

## C17 METALS 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 at room temperature and humidity. 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 Sample concentrations are in the typical range for clean and contaminated soils.
- 2.2 Proceed with testing using the routine analytical method identified in your recent application to the CALA program. Samples are appropriate for strong acid digests (e.g., HNO<sub>3</sub> and HCl) but is not appropriate for digests using HF.

### 3.0 Reporting Results

- 3.1 Results are to be reported on a dry-weight basis.
- 3.2 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details). (Note: units for mercury are ng/g).
- 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 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