

# INSTRUCTIONS C31B PHCs IN SOIL

## 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 -20°C and in the dark upon receipt. Extract samples within 14 days of receipt.
- 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 Cummins, CALA Program Administrator  
fax: 613-233-5501  
email: [ecummins@cala.ca](mailto:ecummins@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 Open samples while still frozen to minimize loss of volatile compounds.
- 2.2 Refer to *P02-04-CALA Program Description - PT Catalogue* for approximate concentration range.
- 2.3 Proceed with testing using Reference Method for the Canada-Wide Standard for Petroleum Hydrocarbons in Soil - Tier 1 Method  
[http://www.ccme.ca/assets/pdf/final\\_phc\\_method\\_rvsd\\_e.pdf](http://www.ccme.ca/assets/pdf/final_phc_method_rvsd_e.pdf) or the routine analytical method identified in your application to the CALA program.
- 2.4 Results must be reported in the CCME analytical fractions.

## 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 results on a dry weight basis.

## 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 & 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