

INSTRUCTIONS

C45 ANIONS 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 4°C. Keep samples tightly sealed until analysis. Samples are stable for the duration of the study.
- 1.3 Check that all the analytes for which you are registered are correctly identified on the web data entry report page. If an analyte is missing, report the results for the missing analyte in the comments field. Be sure to include information about the method used.
- 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

cc: CALA Program Administrator
cc: Ken Middlebrook, CALA PT Manager
fax: 613-233-5501
email: programadmin@cala.ca
email: 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 organic soils.
- 2.2 Proceed with testing using the routine analytical method identified in your recent application to the CALA program.

3.0 Reporting Results

- 3.1 Results are to be reported in ug/g (mg/kg).
- 3.2 In the comments field, include information about the type of extraction used prior to the instrumental analysis (e.g., saturated paste, water leach with water:soil ratio, etc.). If a saturated paste procedure is used, please report the % saturation in the comments field.
- 3.2 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).

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