

P04-02 – CALA Application for Proficiency Testing  
Revision 1.4 – January 18, 2012



**CALA**  
Proficiency Testing

# TABLE OF CONTENTS

<b>1.0 INSTRUCTIONS</b> .....	1
Step 1: Complete Section 2.0 Laboratory Identification .....	1
Step 2: Complete Section 3.0 Terms and Conditions .....	1
Step 3: Complete Section 4.0 Requesting Proficiency Testing .....	1
Step 4: Submit Your Application .....	1
<b>2.0 LABORATORY IDENTIFICATION FOR PT PROGRAM</b> .....	3
<b>3.0 TERMS AND CONDITIONS OF PROFICIENCY TESTING</b> .....	4
<b>4.0 PROFICIENCY TESTING PARTICIPATION</b> .....	5

# CALA PROFICIENCY TESTING APPLICATION

## 1.0 INSTRUCTIONS

The PT application only has to be completed if the laboratory is new to the PT program or has changes/corrections that they would like to make. If the participant is seeking PT samples for the next scheduled study, the application must be submitted at least four weeks prior to the shipping date.

### **Step 1: Complete Section 2.0 Laboratory Identification**

All new applicants must complete section 2. Be sure that the shipping address can be used for the delivery of PT samples by courier. Refunds or credits will not be provided for samples that are delivered to the wrong location, if the error is due to information provided in this section.

For existing participants, a copy of your current profile is available at [www.cala.ca/cala\\_directories.html](http://www.cala.ca/cala_directories.html) using the Directory login password provided by CALA. Review the Laboratory Identification for accuracy. If any changes are required, print a copy of the relevant form, make the changes on the form and include it with the CALA application.

All communication between CALA and participants is by email. The participant may include more than one email address. Be sure that the participant's email provider and filter always allows emails from the CALA domain ([@cala.ca](mailto:@cala.ca)).

### **Step 2: Complete Section 3.0 Terms and Conditions**

CALA Proficiency Testing participants must comply with the terms and conditions ([http://www.cala.ca/P04-01-Terms\\_and\\_Conditions.pdf](http://www.cala.ca/P04-01-Terms_and_Conditions.pdf)). Failure to conform to these terms and conditions may result in suspension or withdrawal of PT status.

### **Step 3: Complete Section 4.0 Requesting Proficiency Testing**

Only complete section 4 if your laboratory is requesting new proficiency testing.

### **Step 4: Submit Your Application**

Completed applications may be submitted by mail, fax or scanned and emailed. The application sections that must be included in the application are:

- Section 2 (if a new participant or there are changes);
- Section 3 (signed by an authorized person); and,
- Section 4.

If there are changes to the laboratory identification, they may be included as well.

Send your completed application to:

CALA  
Attention: Erinn Cummins  
310-1565 Carling Avenue  
Ottawa, ON K1Z 8R1

Telephone: (613) 233-5300  
Fax: (613) 233-5501  
Email: [ecummins@cala.ca](mailto:ecummins@cala.ca)

## 2.0 LABORATORY IDENTIFICATION FOR PT PROGRAM

CALA Membership No. (existing members only)			
Name of Laboratory			
Name of Parent Institution			
<b>LOCATION OF FACILITY</b>			
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>MAILING ADDRESS</b> <span style="float: right;">SAME AS (check, if applicable) <input type="checkbox"/> "Location of Facility"</span>			
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>PT SAMPLE SHIPPING (COURIER) ADDRESS</b> <span style="float: right;">SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility"</span>			
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>BILLING ADDRESS</b> <span style="float: right;">SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility"</span>			
Contact		Email	
Street			
City	Province	Postal Code	Country
Phone Number		Facsimile Number	
<b>MANAGEMENT</b>			
Laboratory Manager/Director		Email	
Quality Assurance Officer		Email	
<b>LANGUAGE OF PREFERENCE (SITE VISIT ONLY)</b>		<b>CLIENTS SERVED</b>	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish		<input type="checkbox"/> All Interested Parties <input type="checkbox"/> Specified Clients <input type="checkbox"/> Internal	
How did you hear about CALA? (Please check all that apply) <input type="checkbox"/> Internet Search <input type="checkbox"/> Conference			
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Email from CALA <input type="checkbox"/> Other _____			

Note: All invoices and communications are provided by email.

### 3.0 TERMS AND CONDITIONS OF PROFICIENCY TESTING

\_\_\_\_\_  
Name of Laboratory

\_\_\_\_\_  
CALA File No.

As an Authorized Representative of this laboratory, I agree that I have included a signed copy of Revision 1.0 of *P04-Terms and Conditions of Accreditation and/or Proficiency Testing* with this application.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date DD/MM/YY

## 4.0 PROFICIENCY TESTING PARTICIPATION

This table identifies all tests that are part of the CALA Proficiency Testing Program. Please show the new or additional participation you require by: 1) checking the appropriate analyte(s); 2) record the appropriate test method; and 3) indicate the number of PT sample sets needed by your laboratory (default is one). The Test Method is defined in terms of analytical techniques and sample preparation. When sample preparation plays a defining role in recovery, please specify. Examples include: ICP-Digestion; GC/MS-Extraction; etc. For microbiology methods, specify the media (e.g., MF-mENDO).

The default PT registration involves receiving samples in the months indicated. If the participant only requires samples in one of these months, please indicate below:

March or  October  January or  June

The participant is responsible for arranging customs clearance where necessary.

Test Group/Schedule	Analyte	Test Method	Number
<b>C01A Major Ions in Water</b>			<input style="width: 50px; height: 20px;" type="text"/>
<b>Mar. and Oct.</b> <b>500 mL</b>	<input type="checkbox"/> Alkalinity (pH 4.5)	_____	
	<input type="checkbox"/> Calcium	_____	
	<input type="checkbox"/> Chloride	_____	
	<input type="checkbox"/> Conductivity (25 °C)	_____	
	<input type="checkbox"/> Fluoride	_____	
	<input type="checkbox"/> Hardness (as CaCO <sub>3</sub> )	_____	
	<input type="checkbox"/> Magnesium	_____	
	<input type="checkbox"/> Nitrate	_____	
	<input type="checkbox"/> Nitrate plus Nitrite	_____	
	<input type="checkbox"/> Potassium	_____	
	<input type="checkbox"/> Reactive Silica	_____	
	<input type="checkbox"/> Sodium	_____	
	<input type="checkbox"/> Sulfate	_____	
<b>C01B Nutrients in Water in Water</b>			<input style="width: 50px; height: 20px;" type="text"/>
<b>Mar. and Oct.</b> <b>250 mL</b>	<input type="checkbox"/> Ammonia	_____	
	<input type="checkbox"/> Bromide	_____	
	<input type="checkbox"/> Nitrite	_____	
	<input type="checkbox"/> Organic Carbon	_____	
	<input type="checkbox"/> Phosphate	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>CO2A Metals (Full Range) in Water</b>			<input type="text"/>
Mar. and Oct. 250 mL	<input type="checkbox"/> Aluminum	_____	
	<input type="checkbox"/> Antimony	_____	
	<input type="checkbox"/> Arsenic	_____	
	<input type="checkbox"/> Barium	_____	
	<input type="checkbox"/> Beryllium	_____	
	<input type="checkbox"/> Boron	_____	
	<input type="checkbox"/> Cadmium	_____	
	<input type="checkbox"/> Chromium	_____	
	<input type="checkbox"/> Cobalt	_____	
	<input type="checkbox"/> Copper	_____	
	<input type="checkbox"/> Iron	_____	
	<input type="checkbox"/> Lead	_____	
	<input type="checkbox"/> Manganese	_____	
	<input type="checkbox"/> Molybdenum	_____	
	<input type="checkbox"/> Nickel	_____	
	<input type="checkbox"/> Selenium	_____	
	<input type="checkbox"/> Silver	_____	
	<input type="checkbox"/> Strontium	_____	
	<input type="checkbox"/> Thallium	_____	
	<input type="checkbox"/> Tin	_____	
<input type="checkbox"/> Titanium	_____		
<input type="checkbox"/> Uranium	_____		
<input type="checkbox"/> Vanadium	_____		
<input type="checkbox"/> Zinc	_____		

<b>CO2B Metals (High Range) in Water</b>			<input type="text"/>
Mar. and Oct. 250 mL	<input type="checkbox"/> Aluminum	_____	
	<input type="checkbox"/> Barium	_____	
	<input type="checkbox"/> Boron	_____	
	<input type="checkbox"/> Chromium	_____	
	<input type="checkbox"/> Cobalt	_____	
	<input type="checkbox"/> Copper	_____	
	<input type="checkbox"/> Iron	_____	
	<input type="checkbox"/> Lead	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C02B (Cont.)</b>			
	<input type="checkbox"/> Manganese	_____	
	<input type="checkbox"/> Molybdenum	_____	
	<input type="checkbox"/> Nickel	_____	
	<input type="checkbox"/> Strontium	_____	
	<input type="checkbox"/> Thallium	_____	
	<input type="checkbox"/> Titanium	_____	
	<input type="checkbox"/> Vanadium	_____	
	<input type="checkbox"/> Zinc	_____	
<b>C02C Metals (Total) in Water</b>			
<b>Marc/Oct</b>	<input type="checkbox"/> Aluminum	_____	
<b>250 mL</b>	<input type="checkbox"/> Barium	_____	
	<input type="checkbox"/> Boron	_____	
	<input type="checkbox"/> Chromium	_____	
	<input type="checkbox"/> Cobalt	_____	
	<input type="checkbox"/> Copper	_____	
	<input type="checkbox"/> Iron	_____	
	<input type="checkbox"/> Lead	_____	
	<input type="checkbox"/> Manganese	_____	
	<input type="checkbox"/> Molybdenum	_____	
	<input type="checkbox"/> Nickel	_____	
	<input type="checkbox"/> Strontium	_____	
	<input type="checkbox"/> Thallium	_____	
	<input type="checkbox"/> Titanium	_____	
	<input type="checkbox"/> Vanadium	_____	
	<input type="checkbox"/> Zinc	_____	
<b>C03 TKN and Total Phosphorus in Water</b>			
<b>Mar. and Oct.</b>	<input type="checkbox"/> Total Kjeldahl Nitrogen	_____	
<b>250 mL</b>	<input type="checkbox"/> Total Phosphorus	_____	
<b>C04A Solids in Water</b>			
<b>Mar. and Oct.</b>	<input type="checkbox"/> Total Dissolved Solids	_____	
<b>500 mL</b>	<input type="checkbox"/> Total Suspended Solids	_____	
	<input type="checkbox"/> Volatile Suspended Solids	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C04B BOD in Water</b>			
Mar. and Oct.	<input type="checkbox"/> BOD (5 day)	_____	
1000 mL	<input type="checkbox"/> CBOD (5 day)	_____	
<b>C04C Turbidity in Water</b>			
Mar. and Oct.	<input type="checkbox"/> Turbidity	_____	
100 mL			
<b>C04D COD in Water</b>			
Mar. and Oct.	<input type="checkbox"/> COD	_____	
100 mL			
<b>C05A Microbiology (quantified) in Water</b>			
Mar. and Oct.	<input type="checkbox"/> <i>Escherichia coli (E.coli)</i>	_____	
2-5 mL	<input type="checkbox"/> Fecal (Thermotolerant) Coliforms	_____	
	<input type="checkbox"/> Heterotrophic Plate Count	_____	
	<input type="checkbox"/> Total Coliforms	_____	
<b>C05B Microbiology (Presence/Absence) in Water</b>			
Mar. and Oct.	<input type="checkbox"/> <i>Escherichia coli (E.coli)</i>	_____	
2-5 mL	<input type="checkbox"/> Total Coliforms	_____	
<b>C06A Organochlorine Pesticides in Water</b>			
Jan. and Jun.	<input type="checkbox"/> alpha-BHC	_____	
1000 mL	<input type="checkbox"/> a - Chlordane	_____	
	<input type="checkbox"/> Aldrin	_____	
	<input type="checkbox"/> Dieldrin	_____	
	<input type="checkbox"/> Endosulfan I	_____	
	<input type="checkbox"/> Endosulfan II	_____	
	<input type="checkbox"/> Endrin	_____	
	<input type="checkbox"/> g - Chlordane	_____	
	<input type="checkbox"/> Heptachlor	_____	
	<input type="checkbox"/> Heptachlor Epoxide	_____	
	<input type="checkbox"/> Lindane (gamma-BHC)	_____	
	<input type="checkbox"/> Mirex	_____	
	<input type="checkbox"/> o,p' - DDT	_____	
	<input type="checkbox"/> p,p' - DDT	_____	
	<input type="checkbox"/> p,p' Methoxychlor	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C06B PCBs in Water</b>			<input type="text"/>
Jan. and Jun. 1000 mL	<input type="checkbox"/> Aroclor 1242	_____	
	<input type="checkbox"/> Aroclor 1254	_____	
	<input type="checkbox"/> Aroclor 1260	_____	
	<input type="checkbox"/> Total PCB	_____	
<b>C07 Polycyclic Aromatic Hydrocarbons in Water</b>			<input type="text"/>
Jan. and Jun. 1000 mL	<input type="checkbox"/> Acenaphthene	_____	
	<input type="checkbox"/> Acenaphthylene	_____	
	<input type="checkbox"/> Anthracene	_____	
	<input type="checkbox"/> Benzo (a) anthracene	_____	
	<input type="checkbox"/> Benzo (a) pyrene	_____	
	<input type="checkbox"/> Benzo (b) fluoranthene	_____	
	<input type="checkbox"/> Benzo (g,h,i) perylene	_____	
	<input type="checkbox"/> Benzo (k) fluoranthene	_____	
	<input type="checkbox"/> Chrysene	_____	
	<input type="checkbox"/> Dibenzo(a,h)anthracene	_____	
	<input type="checkbox"/> Fluoranthene	_____	
	<input type="checkbox"/> Fluorene	_____	
	<input type="checkbox"/> Indeno (1,2,3 - cd) pyrene	_____	
	<input type="checkbox"/> Naphthalene	_____	
	<input type="checkbox"/> Phenanthrene	_____	
<input type="checkbox"/> Pyrene	_____		
<b>C08 PCBs in Oil</b>			<input type="text"/>
Jan. and Jun. 3 mL	<input type="checkbox"/> Aroclor 1242	_____	
	<input type="checkbox"/> Aroclor 1254	_____	
	<input type="checkbox"/> Aroclor 1260	_____	
	<input type="checkbox"/> Total PCB	_____	
<b>C09 Metals on Air Filters (quartz)</b>			<input type="text"/>
Jan. and Jun. 47 mm	<input type="checkbox"/> Cadmium	_____	
	<input type="checkbox"/> Copper	_____	
	<input type="checkbox"/> Lead	_____	
	<input type="checkbox"/> Zinc	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C11 Trout LC50</b> <input type="text"/>			
Mar. and Oct. 1000 mL	<input type="checkbox"/> Trout LC50 (96 h)	_____	
<b>C12 Daphnia LC50</b> <input type="text"/>			
Mar. and Oct. 500 mL	<input type="checkbox"/> Daphnia LC50 (48 h)	_____	
<b>C13 Microtox IC50</b> <input type="text"/>			
Mar. and Oct. 100 mL	<input type="checkbox"/> Microtox IC50 (15 min)	_____	
<b>C14 Cyanide in Water</b> <input type="text"/>			
Mar. and Oct. 500 mL	<input type="checkbox"/> Cyanide (Strong acid dissociable)	_____	
<b>C15 pH in Water</b> <input type="text"/>			
Mar. and Oct. 125 mL	<input type="checkbox"/> pH	_____	
<b>C16 Volatile Organic Compounds in Water</b> <input type="text"/>			
Jan. and Jun. 40 mL x 2	<input type="checkbox"/> 1,1-Dichloroethane	_____	
	<input type="checkbox"/> 1,1-Dichloroethylene	_____	
	<input type="checkbox"/> 1,1,1-Trichloroethane	_____	
	<input type="checkbox"/> 1,1,2-Trichloroethane	_____	
	<input type="checkbox"/> 1,1,2,2-Tetrachloroethane	_____	
	<input type="checkbox"/> 1,2-Dichlorobenzene	_____	
	<input type="checkbox"/> 1,2-Dichloroethane	_____	
	<input type="checkbox"/> 1,2-Dichloropropane	_____	
	<input type="checkbox"/> 1,3-Dichlorobenzene	_____	
	<input type="checkbox"/> 1,4-Dichlorobenzene	_____	
	<input type="checkbox"/> Acetone (2-Propanone)	_____	
	<input type="checkbox"/> Benzene	_____	
	<input type="checkbox"/> Bromodichloromethane	_____	
	<input type="checkbox"/> Bromoform	_____	
	<input type="checkbox"/> Carbon Tetrachloride	_____	
	<input type="checkbox"/> Chlorobenzene	_____	
<input type="checkbox"/> Chlorodibromomethane	_____		
<input type="checkbox"/> Chloroform	_____		

Test Group/Schedule	Analyte	Test Method	Number
<b>C16 (Cont.)</b>			
	<input type="checkbox"/> cis-1,2-Dichloroethylene	_____	
	<input type="checkbox"/> cis-1,3-Dichloropropene	_____	
	<input type="checkbox"/> Dichloromethane	_____	
	<input type="checkbox"/> Ethylbenzene	_____	
	<input type="checkbox"/> Ethylene dibromide	_____	
	<input type="checkbox"/> m/p-xylene	_____	
	<input type="checkbox"/> Methyl ethyl ketone	_____	
	<input type="checkbox"/> Methyl isobutyl ketone	_____	
	<input type="checkbox"/> Methyl t-butyl ether	_____	
	<input type="checkbox"/> o-xylene	_____	
	<input type="checkbox"/> Styrene	_____	
	<input type="checkbox"/> Tetrachloroethylene	_____	
	<input type="checkbox"/> Toluene	_____	
	<input type="checkbox"/> trans-1,2-Dichloroethylene	_____	
	<input type="checkbox"/> trans-1,3-Dichloropropene	_____	
	<input type="checkbox"/> Trichloroethylene	_____	
	<input type="checkbox"/> Trichlorofluoromethane	_____	
	<input type="checkbox"/> Vinyl Chloride	_____	

<b>C17 Metals in Soil</b>			
Jan. and Jun. 5-7 g	<input type="checkbox"/> Aluminum	_____	
	<input type="checkbox"/> Antimony	_____	
	<input type="checkbox"/> Arsenic	_____	
	<input type="checkbox"/> Barium	_____	
	<input type="checkbox"/> Beryllium	_____	
	<input type="checkbox"/> Boron	_____	
	<input type="checkbox"/> Cadmium	_____	
	<input type="checkbox"/> Chromium	_____	
	<input type="checkbox"/> Cobalt	_____	
	<input type="checkbox"/> Copper	_____	
	<input type="checkbox"/> Iron	_____	
	<input type="checkbox"/> Lead	_____	
	<input type="checkbox"/> Manganese	_____	
	<input type="checkbox"/> Mercury	_____	
	<input type="checkbox"/> Nickel	_____	
	<input type="checkbox"/> Strontium	_____	
	<input type="checkbox"/> Tin	_____	
	<input type="checkbox"/> Titanium	_____	
	<input type="checkbox"/> Uranium	_____	
	<input type="checkbox"/> Vanadium	_____	
<input type="checkbox"/> Zinc	_____		

Test Group/Schedule	Analyte	Test Method	Number
<b>C18 Polycyclic Aromatic Hydrocarbons in Soil</b>			<input type="text"/>
Jan. and Jun. 25-40 g	<input type="checkbox"/> Acenaphthene	_____	
	<input type="checkbox"/> Acenaphthylene	_____	
	<input type="checkbox"/> Anthracene	_____	
	<input type="checkbox"/> Benzo (a) anthracene	_____	
	<input type="checkbox"/> Benzo (a) pyrene	_____	
	<input type="checkbox"/> Benzo (b) fluoranthene	_____	
	<input type="checkbox"/> Benzo (g,h,i,) perylene	_____	
	<input type="checkbox"/> Benzo (k) fluoranthene	_____	
	<input type="checkbox"/> Chrysene	_____	
	<input type="checkbox"/> Dibenzo(a,h)anthracene	_____	
	<input type="checkbox"/> Fluoranthene	_____	
	<input type="checkbox"/> Fluorene	_____	
	<input type="checkbox"/> Indeno (1,2,3-cd) pyrene	_____	
	<input type="checkbox"/> Naphthalene	_____	
	<input type="checkbox"/> Phenanthrene	_____	
<input type="checkbox"/> Pyrene	_____		
<b>C19 Mercury in Water</b>			<input type="text"/>
Mar. and Oct. 125 mL	<input type="checkbox"/> Mercury	_____	
<b>C20 Asbestos</b>		Analyst Name	<input type="text"/>
Jan. Mar. Jun. & Oct. Slides/wedge	<input type="checkbox"/> Asbestos	_____	
		_____	
		_____	
<b>C21 Metals on air filters (cellulose ester)</b>			<input type="text"/>
Jan & Mar & Jun & Oct 37 mm	<input type="checkbox"/> Cadmium	_____	
	<input type="checkbox"/> Chromium	_____	
	<input type="checkbox"/> Lead	_____	
	<input type="checkbox"/> Zinc	_____	
<b>C22 Organophosphorus Pesticides in Water</b>			<input type="text"/>
Jan. and Jun. 1000 mL	<input type="checkbox"/> Atrazine	_____	
	<input type="checkbox"/> Azinphos-methyl	_____	
	<input type="checkbox"/> Bendiocarb	_____	
	<input type="checkbox"/> Carbaryl	_____	
	<input type="checkbox"/> Carbofuran	_____	
	<input type="checkbox"/> Chlorpyrifos (ethyl)	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C22 (Cont.)</b>			
	<input type="checkbox"/> Cyanazine	_____	
	<input type="checkbox"/> Diazinon	_____	
	<input type="checkbox"/> Dimethoate	_____	
	<input type="checkbox"/> Diuron	_____	
	<input type="checkbox"/> Malathion	_____	
	<input type="checkbox"/> Metolachlor	_____	
	<input type="checkbox"/> Metribuzin	_____	
	<input type="checkbox"/> Parathion (ethyl)	_____	
	<input type="checkbox"/> Phorate	_____	
	<input type="checkbox"/> Simazine	_____	
	<input type="checkbox"/> Terbufos	_____	
	<input type="checkbox"/> Trifluralin	_____	
<b>C24 Aryloxy Acid Pesticides in Water</b>			
Jan. and Jun. 1000 mL	<input type="checkbox"/> 2,4-Dichlorophenoxy-acetic acid	_____	
	<input type="checkbox"/> 2,4,5-Trichlorophenoxy-acetic acid	_____	
	<input type="checkbox"/> Bromoxynil	_____	
	<input type="checkbox"/> Dicamba	_____	
	<input type="checkbox"/> Diclofop-methyl (as free acid)	_____	
	<input type="checkbox"/> Dinoseb	_____	
	<input type="checkbox"/> Picloram	_____	
<b>C25 Phenolic Compounds in Water</b>			
Jan. and Jun. 1000 mL	<input type="checkbox"/> 2,3,4,6-tetrachlorophenol	_____	
	<input type="checkbox"/> 2,4-dichlorophenol	_____	
	<input type="checkbox"/> 2,4,6-trichlorophenol	_____	
	<input type="checkbox"/> Pentachlorophenol	_____	
<b>C27 Glyphosate in Water</b>			
Jan. and Jun. 250 mL	<input type="checkbox"/> Glyphosate	_____	
<b>C29 Aldicarb in Water</b>			
Jan. and Jun. 250 mL	<input type="checkbox"/> Aldicarb	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C31A Petroleum Hydrocarbons and BTEX in Soil</b>			<input type="text"/>
Jan. and Jun. 30 g	<input type="checkbox"/> Benzene	_____	
	<input type="checkbox"/> Ethylbenzene	_____	
	<input type="checkbox"/> F1: C6-C10	_____	
	<input type="checkbox"/> m/p-xylene	_____	
	<input type="checkbox"/> o-xylene	_____	
	<input type="checkbox"/> Toluene	_____	
<b>C31B Petroleum Hydrocarbons in Soil</b>			<input type="text"/>
Jan. and Jun. 30 g	<input type="checkbox"/> F2: C10-C16	_____	
	<input type="checkbox"/> F3: C16-C34	_____	
	<input type="checkbox"/> F4: C34-C50	_____	
	<input type="checkbox"/> F4G	_____	
<b>C32 Chlorine in Water</b>			<input type="text"/>
Mar. and Oct. 250 mL	<input type="checkbox"/> Free Chlorine	_____	
	<input type="checkbox"/> Total Chlorine	_____	
<b>C33 Total 4AAP Phenolics in Water</b>			<input type="text"/>
Mar/Oct 250 mL	<input type="checkbox"/> Total Phenolics	_____	
<b>C34 Total Hexane Extractable Oil and Grease in Water</b>			<input type="text"/>
Jan. and Jun. 1000 mL	<input type="checkbox"/> Total Oil and Grease	_____	
<b>C35 PCBs in Soil</b>			<input type="text"/>
Jan. and Jun. 30 g	<input type="checkbox"/> Aroclor 1242	_____	
	<input type="checkbox"/> Aroclor 1254	_____	
	<input type="checkbox"/> Aroclor 1260	_____	
	<input type="checkbox"/> Total PCBs	_____	
<b>C36 Volatile Organic Compounds in Soil</b>			<input type="text"/>
Jan. and Jun. 30 g	<input type="checkbox"/> 1,1-Dichloroethane	_____	
	<input type="checkbox"/> 1,1-Dichloroethylene	_____	
	<input type="checkbox"/> 1,1,1-Trichloroethane	_____	
	<input type="checkbox"/> 1,1,2-Trichloroethane	_____	
	<input type="checkbox"/> 1,1,2,2-Tetrachloroethane	_____	
	<input type="checkbox"/> 1,2-Dichlorobenzene	_____	

Test Group/Schedule	Analyte	Test Method	Number
<b>C36 (Cont.)</b>			
	<input type="checkbox"/> 1,2-Dichloroethane	_____	
	<input type="checkbox"/> 1,2-Dichloropropane	_____	
	<input type="checkbox"/> 1,3-Dichlorobenzene	_____	
	<input type="checkbox"/> 1,4-Dichlorobenzene	_____	
	<input type="checkbox"/> Acetone (2-Propanone)	_____	
	<input type="checkbox"/> Benzene	_____	
	<input type="checkbox"/> Bromodichloromethane	_____	
	<input type="checkbox"/> Bromoform	_____	
	<input type="checkbox"/> Carbon Tetrachloride	_____	
	<input type="checkbox"/> Chlorobenzene	_____	
	<input type="checkbox"/> Chlorodibromomethane	_____	
	<input type="checkbox"/> Chloroform	_____	
	<input type="checkbox"/> cis-1,2-Dichloroethylene	_____	
	<input type="checkbox"/> cis-1,3-Dichloropropene	_____	
	<input type="checkbox"/> Dichloromethane	_____	
	<input type="checkbox"/> Ethylbenzene	_____	
	<input type="checkbox"/> Ethylene dibromide	_____	
	<input type="checkbox"/> m/p-xylene	_____	
	<input type="checkbox"/> Methyl ethyl ketone	_____	
	<input type="checkbox"/> Methyl isobutyl ketone	_____	
	<input type="checkbox"/> Methyl t-butyl ether	_____	
	<input type="checkbox"/> o-xylene	_____	
	<input type="checkbox"/> Styrene	_____	
	<input type="checkbox"/> Tetrachloroethylene	_____	
	<input type="checkbox"/> Toluene	_____	
	<input type="checkbox"/> trans-1,2-Dichloroethylene	_____	
	<input type="checkbox"/> trans-1,3-Dichloropropene	_____	
	<input type="checkbox"/> Trichloroethylene	_____	
	<input type="checkbox"/> Trichlorofluoromethane	_____	
<b>C37 Colour in Water</b>			
Mar. and Oct. 125 mL	<input type="checkbox"/> True Colour	_____	<input style="width: 50px; height: 15px;" type="text"/>

Test Group/Schedule	Analyte	Test kit	Number
<b>P50 Chlorine in Drinking Water using Portable Test-Kits</b>			<input type="text"/>
Mar. and Oct.	<input type="checkbox"/> Free Chlorine	_____	
125 mL	<input type="checkbox"/> Total Chlorine	_____	
<b>P51 Turbidity in Drinking Water using Portable Test-Kits</b>			<input type="text"/>
Mar. and Oct.	<input type="checkbox"/> Turbidity	_____	
125 mL			
<b>P52 pH in Drinking Water using Portable Test-Kits</b>			<input type="text"/>
Mar. and Oct.	<input type="checkbox"/> pH	_____	
125 mL			

Note: P50, P51 and P52 are restricted to use in water and wastewater treatment facilities using portable test kits for these analytes.