

INSTRUCTIONS

P50 Chlorine/ P51 Turbidity/ P52 pH

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 study consists of two samples for each analyte for which you are registered (e.g., C50-1 and C50-2 for Chlorine).
- 1.3 Samples are unpreserved and should be stored at 4±2°C and in the dark until analysed. Samples should be analysed within two weeks of shipping.
- 1.4 Check that all the parameters for which you are registered are correctly identified on the web data entry report form (<http://www.cala.ca/profwebdata.html>).
- 1.5 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

cc: Erinn Cummins, CALA Program Administrator
fax: 613-233-5501
email: 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 participant number on all correspondence.

2.0 Sample Analysis

- 2.1 Allow samples to come to room temperature before analysis
- 2.2 Gently shake the samples prior to subsampling for analysis.
- 2.3 Analyse the samples for the tests indicated on the sample labels using the equipment and method normally employed at your facility. For P50 Chlorine, you may analyse for Free and/or Total Chlorine from the same bottle.

3.0 Reporting Results

- 3.1 Report results using the CALA Web-Data-Entry system (<http://www.cala.ca/profwebdata.html>). The membership number and password required for access to the system is found on the *General Proficiency Testing Information* sheet included with the samples.
- 3.2 Results must be reported by midnight of the study deadline indicated on the *General Proficiency Testing Information* sheet.

4.0 Safety

- 4.1 After analysis, the remaining samples may be discarded down the drain, flushing with water.

PT SAMPLE NON-CONFORMANCE FORM

Attn: PT non-conformances

Study Date:

ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS

1 - Facility Information

Contact Name:

Facility Name

Facility 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. P50, P51 or P52):

Number of Boxes:

3 - Description of Nonconformance

4 - Requested Action

5 - PT Provider Notes