

# INSTRUCTIONS CO1A MAJOR IONS IN WATER

# **1.0 Sample Reception**

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Samples are unpreserved, natural waters and should be stored at 4+2°C upon receipt. 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: <u>ec.ptnc.ec@canada.ca</u>

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 laboratory number on all correspondence.

# 2.0 Sample Analysis

- 2.1 The fluoride concentrations will be similar to those found in tap water (i.e. 0.1 to 3.0 mg/L). All other constituents will have concentrations similar to those found in lake or river waters. Because these samples are natural waters, the concentrations may be outside those listed in P02-04-CALA Program Description PT Catalogue.
- 2.2 Proceed with testing using the routine analytical method identified in your application to the CALA program.

# **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 Nitrate and Nitrate + Nitrite are to be reported as N. Silica is to be reported as SiO<sub>2</sub>.
- 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 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