

# INSTRUCTIONS C04A SOLIDS IN WATER

## **1.0 Sample Reception**

- 1.1 All shortages or breakages must be reported within 24 hours of sample receipt.
- 1.2 Samples are unpreserved and should be stored at  $4+2^{\circ}$ 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 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 membership number on all correspondence.

## 2.0 Sample Analysis

- 2.1 Bring samples to room temperature before analysis.
- 2.2 Approximate sample concentrations are detailed in P02-04-CALA Program Description PT Catalogue.
- 2.3 Filters used for analysis should be Whatman 934-AH or equivalent.
- 2.4 Proceed with testing using the routine analytical method identified in your recent 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 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