

INSTRUCTIONS C33 TOTAL PHENOLICS 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 preserved to a pH < 2 with H_2SO_4 and should be stored at $4\pm2^{\circ}C$, in the dark. 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: 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 Total phenolics concentrations will be in an interval below approximately 1 mg/L.
- 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 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.

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PT SAMPLE NON-CONFORMANCE FORM

Attn: PT non-conformances	Study Number:
ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS	
1 - Laboratory Information	
Contact Name:	
<u>Laboratory Name</u>	
<u>Laboratory Address</u>	
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	

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5 - PT Provider Notes