

## C40A BTEX AND PHCs IN WATER

### 1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt. NOTE: Samples are provided in duplicate.
- 1.2 Store samples at  $4\pm 2^{\circ}\text{C}$  and in the dark upon receipt. Start analysis within ten days of receipt.
- 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](mailto:ec.ptnc.ec@canada.ca)

cc: PT Canada, Program Administrator  
email: [programadmin@PTcanada.org](mailto:programadmin@PTcanada.org)  
cc: Ken Middlebrook, PT Canada  
email: [kmiddlebrook@PTcanada.org](mailto:kmiddlebrook@PTcanada.org)

Inquiries must be made by email only. Use the enclosed Nonconformance Form (see reverse) when notifying PT Canada of a problem with the samples. Please include your PT Canada laboratory number on all correspondence.

### 2.0 Sample Analysis

- 2.1 Refer to PAR02 *Catalogue* for approximate concentration range.
- 2.2 Proceed with testing using the routine analytical method identified in your PT Canada application.

### 3.0 Reporting Results

- 3.1 Do not subtract BTEX from F1 fraction.
- 3.2 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).
- 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:
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ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS

## 1 - Laboratory Information

Contact Name: <u>Laboratory Name</u> <u>Laboratory Address</u>  <u>Contact Telephone #</u> <u>Contact Facsimile #</u> <u>Contact e-mail:</u>
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## 2 - Sample Details

<u>Date &amp; Time of Arrival(YYYY,MM,DD,HH:MM):</u> <u>Tracking Number:</u> <u>Test Groups Received (e.g. C1, C2 etc.):</u> <u>Number of Boxes:</u>
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## 3 - Description of Nonconformance

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## 4 - Requested Action

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## 5 - PT Provider Notes

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