

## C09 - METALS ON AIR FILTERS

### 1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Each sample consists of a 47 mm quartz disc filters in a single petri dish. A blank is provided with each sample set.
- 1.3 Store samples at  $4\pm 2^{\circ}\text{C}$  upon receipt. Samples are stable for the duration of the study.
- 1.4 Check that all the parameters for which you are registered are correctly identified on the web data entry report page.
- 1.5 Inquiries regarding samples and their shipment may be directed to:

PT Non-conformances  
Phenova  
Tel: (866) 942-2978  
Fax: (866) 283-0269  
Email: TyG@phenova.com

cc: PT Canada, Program Administrator  
email: programadmin@PTcanada.org  
cc: Ken Middlebrook, PT Canada  
email: 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 All the filter discs provided for each sample must be carried through the testing procedures. Methods must utilize acid digestion. Reported results must be blank corrected, if a detectable blank level is obtained.
- 2.2 Low sample concentrations equal or exceed approximately  $4\ \mu\text{g}$  for Cd, Cu, Pb and Zn.
- 2.3 Proceed with testing using the routine analytical method identified in your PT Canada application.

### 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