

# C01B SIMPLE NUTRIENTS 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 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: ec.ptnc.ec@canada.ca

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 Approximate sample concentration ranges are indicated in PAR-02 Catalogue.
- 2.2 If your laboratory uses ion chromatograph, run a blank after each sample due to the possible presence of a late eluting compound.
- 2.3 Proceed with testing using the routine analytical method identified in your application to the PT Canada 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 ammonia and nitrite as N, phosphate as P and organic carbon as C
- 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