

C03 COMPLEX NUTRIENTS IN WATER

1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Sample concentrates are preserved to a pH < 2 with HCl and a trace amount of hypochlorite, and should be stored at $4 \pm 2^\circ \text{C}$ before analysis. Samples are stable for the duration of the PT round.
- 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

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 Preparation

- 2.1 Prior to analysis, bring sample concentrates to room temperature and dilute 10 mL to 1000 mL with laboratory water (e.g., deionized). These re-constituted samples are then analysed as the PT samples.

3.0 Sample Analysis

- 3.1 TKN and TP concentrations range from those typical of surface waters to wastewaters. The approximate concentration ranges can be found in PAR-02 Catalogue.
- 3.2 Proceed with testing using the routine analytical method identified in your PT Canada application.

4.0 Reporting Results

- 4.1 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).
- 4.2 Report RDL (optional) if you want RDL accounted for in z scores.

5.0 Safety

- 5.1 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