

## C16 VOCs IN WATER

### 1.0 Sample Reception

- 1.1 Samples are provided as 4 x 2mL flame sealed ampoules.
- 1.2 Store samples at 4±2°C upon receipt. Start analysis within ten days of dilution.
- 1.3 All breakages and shortages must be reported within 24 hours of sample receipt.
- 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 Preparation

- 2.1 Samples are provided as concentrates in 2 mL ampoules. Prior to analysis dilute **5 µL** of concentrate to **100 mL** in a volumetric flask containing VOC free reagent water. Make up to volume and gently mix. If multiple methods are being used, proportional dilutions such as 10 µL to 200 mL, may be used.
- 2.2 Immediately transfer to appropriate sample container for analysis.
- 2.3 Repeat for all four samples.

### 3.0 Sample Analysis

- 3.1 Sample concentration ranges are at an interval below approximately 200 µg/L for each compound.
- 3.2 Proceed with testing the reconstituted sample 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 or the PTC website for details).
- 4.2 Report results as per the reconstituted sample.
- 4.3 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