

Standard Practice for Proof Silver Corrections in Metal Bearing Ores, Concentrates and Related Materials by Fire Assay Gravimetry¹

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1. Scope

1.1 This standard practice covers the determination of fire assay correction for silver, utilizing proof silver, for ores, concentrates and related metallurgical materials.

1.2 This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use. (See Method E 1335, Practices E 50, Guide E 882, and ISO Guide 35).

2. Referenced Documents

2.1 ASTM Standards:

- E 29 Practice for Using Significant Digits in Test Data to Determine Conformance With Specifications²
- E 50 Standard Practices for Apparatus, Reagents, and Safety Precautions for Chemical Analysis of Metals³
- E 135 Standard Terminology relating to Analytical Chemistry for Metals, Ores, and Related Materials²
- E 882 Guide for Accountability and Quality Control in the Chemical Analysis of Metals²
- E 1335 Test Methods for Determination of Gold in Bullion by Cupellation²
- 2.2 Other Documents
- ISO Guide 35: 1989, Certification of Reference Materials-General and Statistical Principles

ISO 10378:1994, Copper Sulfide Concentrates- Determination of Gold and Silver Contents- Fire Assay Gravimetric and Atomic Absorption Spectrometric Method Bugbee, Edward, <u>Textbook of Fire Assaying</u>⁴ Smith, E.A., The Sampling and Assay of Precious Metals⁵

3. Terminology

3.1 *Definitions*—For definitions of terms used in this Practice, refer to Terminology E 135.

4. Summary of Practice

4.1 In the process of fire assay, silver losses occur. Proof silver is carried through the assay fusion and cupellation procedures to determine losses that can provide the fire assay silver correction values, (see Method E 1335, Method ISO 10378, Bugbee, , Smith).

5. Significance and Use

5.1 This practice is primarily intended to be used for the correction of silver loss in the fire assay process. Silver assays are determined by fire assay for the purpose of metallurgical exchange between seller and buyer.

5.2 It is assumed that all who use this practice will be trained analysts capable of performing skillfully and safely. It is expected that work will be performed in a properly equipped laboratory under appropriate quality control practices such as those described in Guide E 882.

6. Apparatus

6.1 Analytical balance-Capable of weighing to 0.001 mg

6.2 Assay furnace—Capable of temperatures up to 1100 °C, accurate to ± 5 °C

- 6.3 *Hammer*—Blacksmith type
- 6.4 Hammering block-Flat Steel plate

7. Reagents and Materials

7.1 *Purity of Reagents*—Reagent grade chemicals shall be used in all tests. Unless otherwise indicated, it is intended that all reagents conform to the specifications of the Committee on Analytical Reagents of the American Chemical Society where

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² Annual Book of ASTM Standards, Vol 14.02.

³ Annual Book of ASTM Standards, Vol 03.05.

⁴ Bugbee, E. E., A *Textbook of Fire Assaying*, John Wiley and Sons, Inc., Third Ed., 1946.

⁵ Smith, E. A., *The Sampling and Assay of the Precious Metals*, Charles Griffin and Co., Ltd., Second Ed., 1947.

such specifications are available⁶. Other grades may be used, provided it is first ascertained that the reagent is of sufficiently high purity to permit its use without lessening the accuracy of the determination.

- 7.2 Borax- sodium tetraborate- $(Na_2B_4O_7)$ technical grade.
- 7.3 Cupels- magnesite (MgCO₃) or bone ash
- 7.4 Crucibles- Standard Fire Assay clay
- 7.5 Flour- common baking grade
- 7.6 Lead Foil, 99.99 % purity, min (1 ug/g silver max).
- 7.7 Litharge (PbO) technical grade- precious metal free
- 7.8 Potassium Carbonate (K₂CO₃) technical grade
- 7.9 Silica Sand (SiO_2) technical grade
- 7.10 Silver metal, 99.99 % purity

7.11 Sodium Carbonate- (Na₂CO₃) - technical grade

8. Hazards

8.1 For precautions to be observed in this practice, refer to Practice E 50.

9. Procedure

9.1 Prepare samples according to normal fire assay procedures, (Bugbee, , or Smith).

9.2 Weigh two proof silver samples (99.99 % pure silver foil), to match the typical weight of the expected dore' bead. If the weight of the dore' bead is unknown, weigh two proof silver samples, approximately 75-150 mg and 250-350 mg.

9.3 Fill an assay clay crucible with the same flux used in the test samples. A typical flux is:

	Typical Fire Assay Flux
1.	30.5 g of sodium carbonate
2.	14.5 g potassium carbonate
3.	6.5 g silica sand
4.	4-5 g flour
5.	60 g litharge
6.	flux cap, (15 g litharge and 3 g borax)

9.4 Mix the flux mixture first. For the best and consistent results, transfer the weighed silver samples and lead foil packet on the top of the mixture, then cover with the flux cap mixture.

9.5 Place crucibles in fire assay furnace and proceed with fusion and cupellation steps required for test samples.

9.6 After cupellation, the silver proof is weighed on the microbalance. The weight after the fire assay is compared to the original silver proof weight.

10. Calculation

10.1 Calculate the silver ratio as follows:

Silver Ratio =
$$B/A$$
 (1)

Where:

A = Initial Weight of Proof Silver, mg, and

B = Final Weight of Proof Silver, mg.

10.2 Round the silver ratio to the nearest 0.0001 in accordance with Practice E 29.

10.3 To correct a silver fire assay result for test samples, divide the weight of the silver in the test sample, determined by the difference in weight before and after parting, by the average silver ratio for the two proofs to obtain the corrected silver weight.

11. Keywords

11.1 Silver; silver correction; fire assay; cupellation

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⁶ Reagent Chemical, American Chemical Society Specifications, American Chemical Society, Washington, DC. For suggestions on the testing of reagents not listed by the American Chemical Society, see Analar Standards for Laboratory Chemicals, BDH Ltd., Poole Dorset, U. K., and the United States Pharmacopeia and National Formulary, U.S. Pharmaceutical Convention, Inc., (USPC), Rockville, MD.