

79051

Collection Log
for experienced sample collectors

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

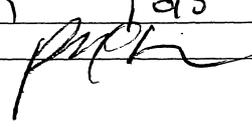
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederonia-Moccasin USD #6 |
| School Name | High School |
| Building (name/number) | media center |
| Type of Fixture (tap, drinking fountain etc.) | Drinking Fountain |
| Location of Fixture (example, room number) | Entrance |
| Sample Identification Number (ensure this number is also on the sample container) | FESMCDP |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:12 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

550-79051 Chain of Custody



Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 1:00 |
| Signature |  |
| Notes: 20.1°C FE Gr | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

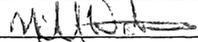
These samples were collected for lead screening purposes only and cannot be used for compliance.



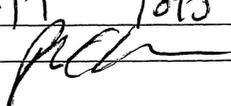
Collection Log
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederia - MacCassin LEAD # 6 |
| School Name | Elementary |
| Building (name/number) | main |
| Type of Fixture (tap, drinking fountain etc.) | drinking fountain |
| Location of Fixture (example, room number) | west Hall |
| Sample Identification Number (ensure this number is also on the sample container) | FESWDF |
| Date of Collection | 3/16/17 |
| Time of Collection | 6:05 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|--|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 2-12-17 1010 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

2

Collection Log

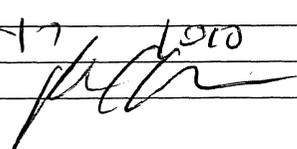
for experienced sample collectors

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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Fredonia-Moquisin USD #6 |
| School Name | Elementary Addition |
| Building (name/number) | Elementary Addition |
| Type of Fixture (tap, drinking fountain etc.) | Drinking Fountain |
| Location of Fixture (example, room number) | North Hall Boys Rest Room |
| Sample Identification Number (ensure this number is also on the sample container) | FESMSBDF |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:01 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|--|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 10:10 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

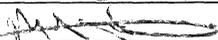
3

Collection Log

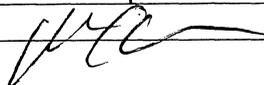
for experienced sample collectors

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Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|---|
| Name of School District | Frederick Proccasin USD # 6 |
| School Name | High School |
| Building (name/number) | Addition 1 |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | Councilor Office |
| Sample Identification Number (ensure this number is also on the sample container) | FHSCN02 |
| Date of Collection | 3/7/17 |
| Time of Collection | 6:05 AM |
| Printed Name of Sample Collector | Mike Weber |
| Signature Sample Collector |  |

Notes Sample collector:

| | |
|---|---|
| For Lab use only | |
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 1:10 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

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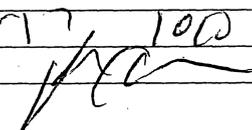
Collection Log
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederick Moccasin USD# 6 |
| School Name | High School |
| Building (name/number) | Addition 1 |
| Type of Fixture (tap, drinking fountain etc.) | Tap |
| Location of Fixture (example, room number) | Councilor office |
| Sample Identification Number (ensure this number is also on the sample container) | FHS LN01 |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:23 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-07-17 10:00 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

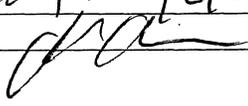
— for experienced sample collectors

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Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederia Moulasin USD#6 |
| School Name | High School |
| Building (name/number) | OFFICE |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | men's restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHSDORRM |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:28 A.M |
| Printed Name of Sample Collector | Mike Gates |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|--|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 10:00 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

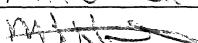
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Collection Log

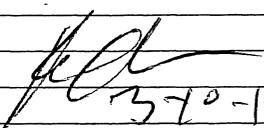
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|---|
| Name of School District | Frederick-Morcasin USD#6 |
| School Name | High School |
| Building (name/number) | High Addition 2 |
| Type of Fixture (tap, drinking fountain etc.) | tap |
| Location of Fixture (example, room number) | Female restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHSMSRRFM |
| Date of Collection | 3/16/17 |
| Time of Collection | 6:26 Am. |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|--|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received |  |
| Signature | 3-16-17 1:00 |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

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Collection Log

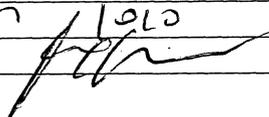
for experienced sample collectors

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederica Morcasin USD #6 |
| School Name | High School |
| Building (name/number) | OFFICE |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | Female Restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHSD0RRFM |
| Date of Collection | 3/7/17 |
| Time of Collection | 10:01 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

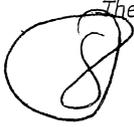
Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-4-17 10:10 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

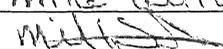


Collection Log

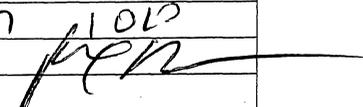
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|---|
| Name of School District | Frederick-Monrovia USD # 6 |
| School Name | High School |
| Building (name/number) | 600 Main |
| Type of Fixture (tap, drinking fountain etc.) | Drinking Fountain |
| Location of Fixture (example, room number) | Gym |
| Sample Identification Number (ensure this number is also on the sample container) | FHSGYMDF |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:21 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 11:00 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

9

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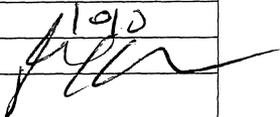
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederic-Mercusin USD #6 |
| School Name | High School |
| Building (name/number) | main |
| Type of Fixture (tap, drinking fountain etc.) | Drinking fountain |
| Location of Fixture (example, room number) | middle school Hall |
| Sample Identification Number (ensure this number is also on the sample container) | FHSMSHDF |
| Date of Collection | 3/6/17 |
| Time of Collection | 6:18 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-9-17 11:00 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____



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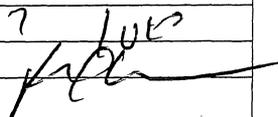
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| | |
|---|--|
| Name of School District | Frederick Maccasin USD #6 |
| School Name | High School |
| Building (name/number) | Ticket Booth |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | male restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHSTB |
| Date of Collection | 3/17 |
| Time of Collection | 3:10 p.m. |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-17-17 1:00 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

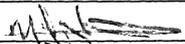
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11

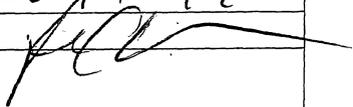
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| | |
|---|--|
| Name of School District | Frederia Maricopa USD # 6 |
| School Name | High School |
| Building (name/number) | Maintenance |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHS MS2 |
| Date of Collection | 3/7/17 |
| Time of Collection | 3:00 p.m. |
| Printed Name of Sample Collector | Mike Cortez |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-07-17 100 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

12

Collection Log

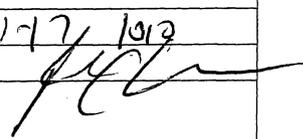
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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|--|
| Name of School District | Frederia Moccasin USD #6 |
| School Name | High School |
| Building (name/number) | Maintenance |
| Type of Fixture (tap, drinking fountain etc.) | TAP |
| Location of Fixture (example, room number) | restroom |
| Sample Identification Number (ensure this number is also on the sample container) | FHSMS 1 |
| Date of Collection | 3/17 |
| Time of Collection | 6:50 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|---|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-17-17 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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13

Collection Log
for experienced sample collectors

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- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

| | |
|---|---|
| Name of School District | Fredonia-Meccasin USD# 6 |
| School Name | Elementary |
| Building (name/number) | main |
| Type of Fixture (tap, drinking fountain etc.) | drinking fountain |
| Location of Fixture (example, room number) | main entrance |
| Sample Identification Number (ensure this number is also on the sample container) | FESMAINDF |
| Date of Collection | 3/4/17 |
| Time of Collection | 6:09 AM |
| Printed Name of Sample Collector | Mike Waters |
| Signature Sample Collector |  |

Notes Sample collector:

| For Lab use only | |
|---|--|
| Analyze this drinking water sample for lead | |
| Date and Time Lab received | 3-10-17 10:10 |
| Signature |  |
| Notes: | |

For relinquishing samples upon delivery to labs only

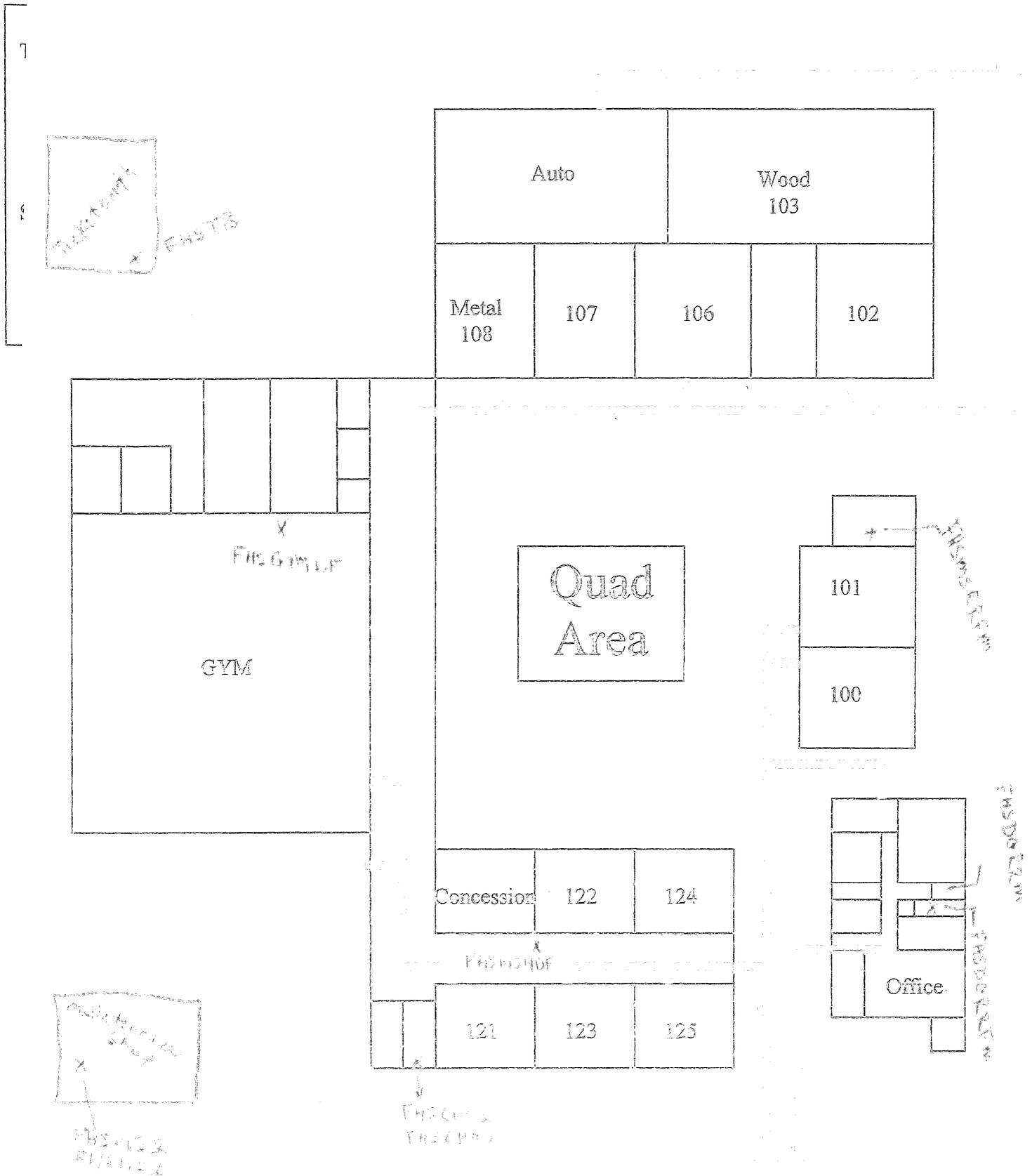
Relinquished date and signature _____

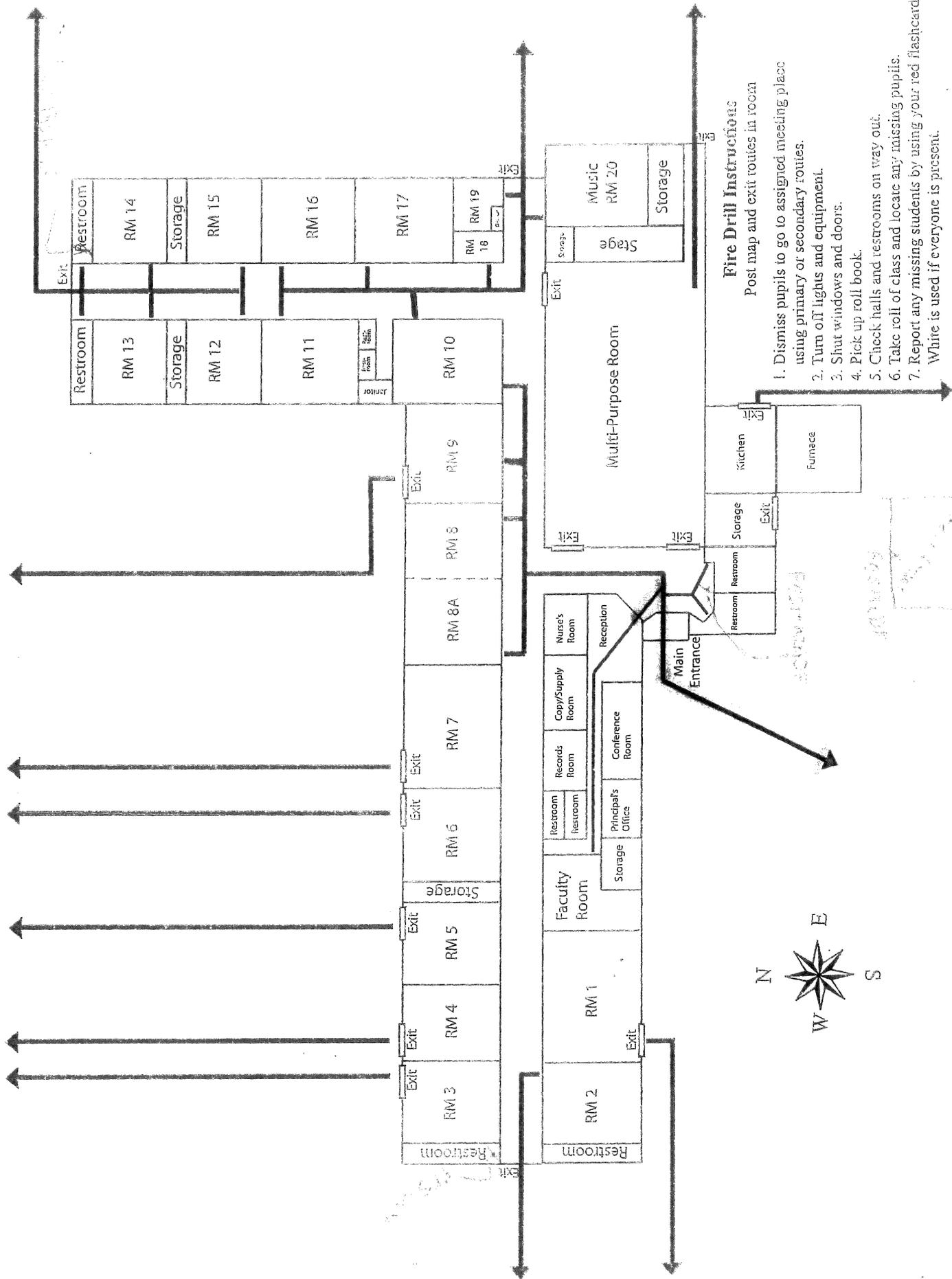
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14

Fredonia High School

~~Fire Escape Routes~~





Fire Drill Instructions

Post map and exit routes in room

1. Dismiss pupils to go to assigned meeting place using primary or secondary routes.
2. Turn off lights and equipment.
3. Shut windows and doors.
4. Pick up roll book.
5. Check halls and restrooms on way out.
6. Take roll of class and locate any missing pupils.
7. Report any missing students by using your red flashcard. White is used if everyone is present.