


79051

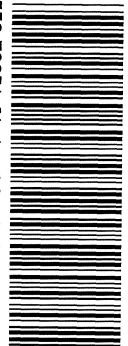
Collection Log
for experienced sample collectors

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.

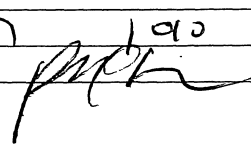
- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Frederick-Morgan 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 _____

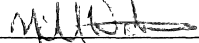
These samples were collected for lead screening purposes only and cannot be used for compliance.

①

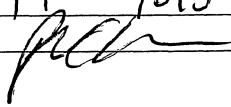
Collection Log
for experienced sample collectors

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	Frederia-Moocasin LEA # 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

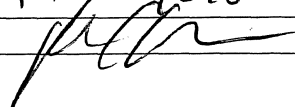
Collection Log
for experienced sample collectors

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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-Mogassiah 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

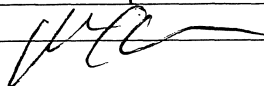
for experienced sample collectors

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	Frederick Maccaasin 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 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 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.


4

Collection Log

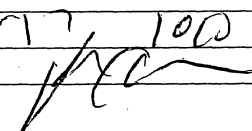
for experienced sample collectors

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	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)	Counselor's 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 Walters
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 _____


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

Collection Log

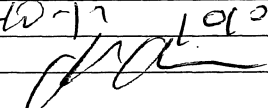
for experienced sample collectors

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	Frederia Mollasin 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 1:00
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

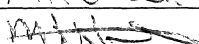
Relinquished date and signature _____

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

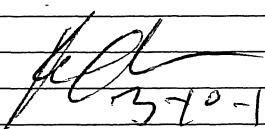
Collection Log
for experienced sample collectors

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	Fredonia-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	3/6/17
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	 3-10-17 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.

7

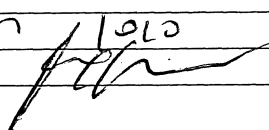
Collection Log
for experienced sample collectors

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	Frederia 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)	FHSDO RRFm
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	3-10-17 10:10
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

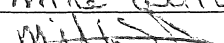
Relinquished date and signature _____

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

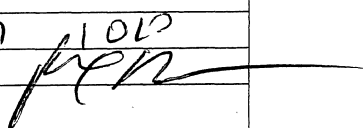
Collection Log
for experienced sample collectors

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	Frederick-Monrovia USD #6
School Name	High School
Building (name/number)	Room 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 10:00
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.

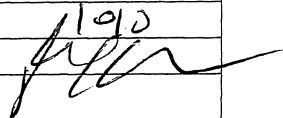
Collection Log
for experienced sample collectors

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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-Marcus 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	3-7-17 1:40
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.

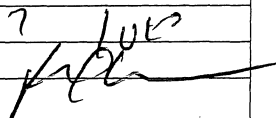
Collection Log
for experienced sample collectors

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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 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	3-11-17
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	3-10-17 1:00
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.

11

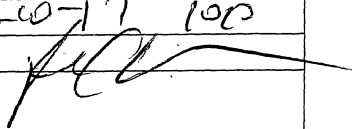
Collection Log
for experienced sample collectors

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	Frederick Municipal 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)	FHSMS2
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	3-10-17 100
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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12

Collection Log

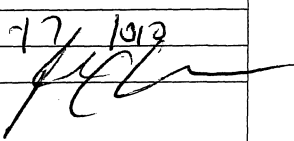
for experienced sample collectors

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	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 _____


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

13

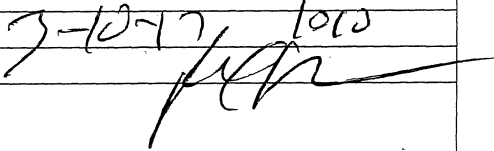
Collection Log
for experienced sample collectors

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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-McCasin 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 1010
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

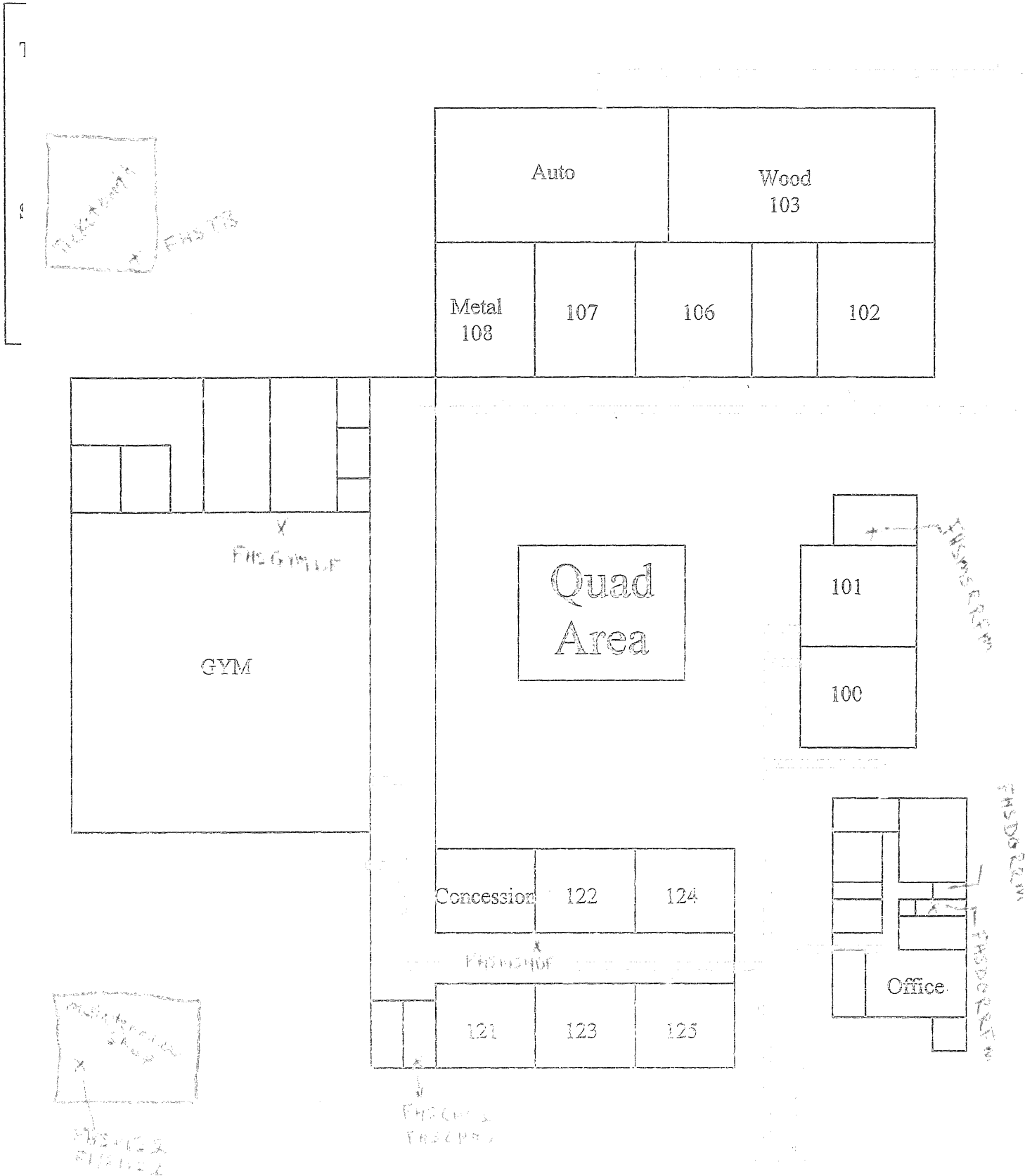
Relinquished date and signature _____

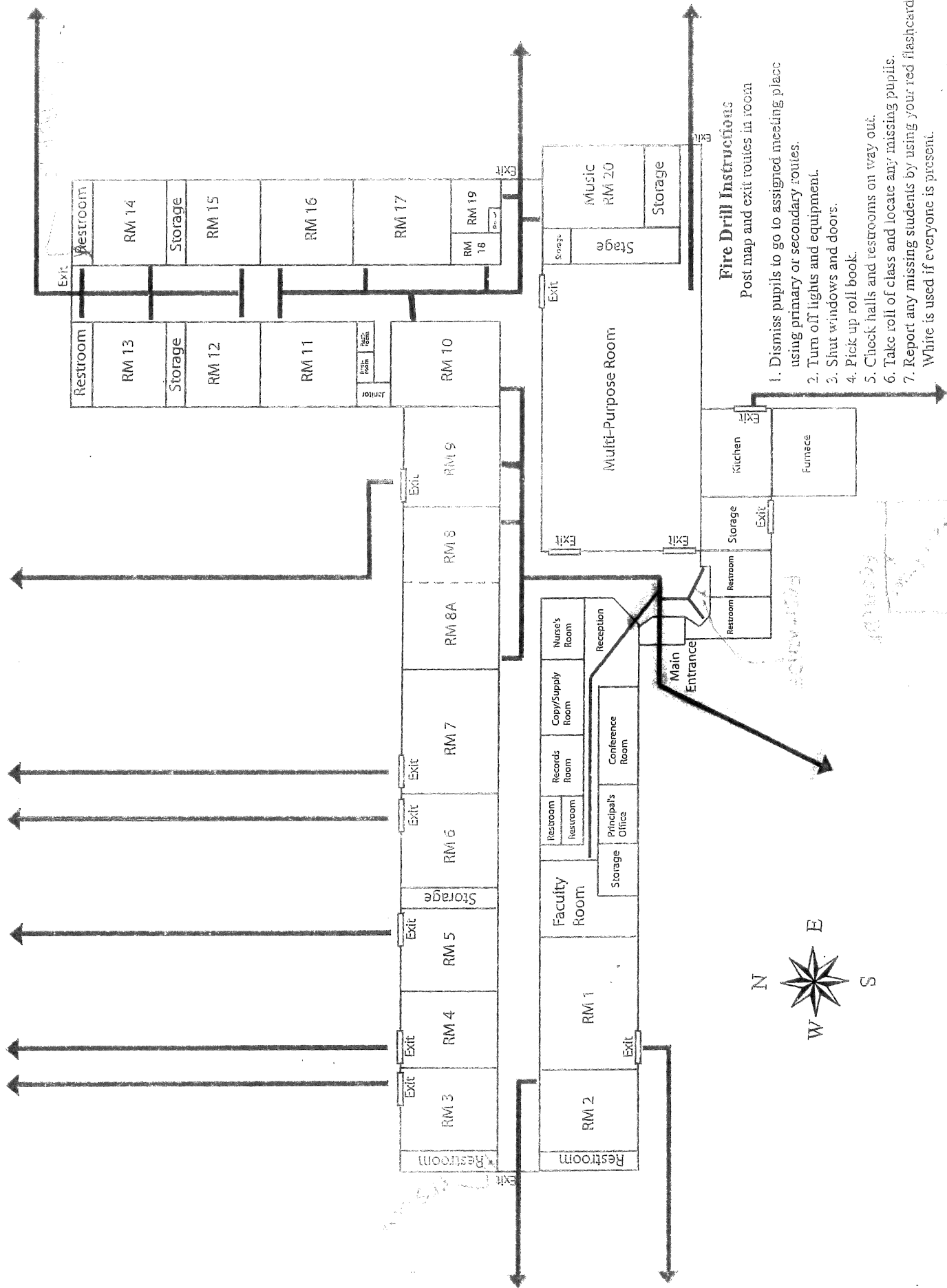
These samples were collected for lead screening purposes only and cannot be used for compliance.

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.