

COPY

Sample Recordkeeping Form For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Western Valley Middle School
Name (or number) of Building	Bld 100
Type of Fixture (tap, drinking fountain etc..)	DRINKING fountain
Location of Fixture (example, room number)	outside Admin/Nurses office
Sample Identification Number (ensure this number is also on the sample container)	WVMS-1
Date of Collection	11/10/17
Time of Collection	7:00 AM
Name of Sample Collector	Victor Scherer
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes	Building 100 - Admin/nurses office
-------	------------------------------------

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 15:01

24°C
No IQ

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Western Valley Middle School
Name (or number) of Building	Bld 200 -
Type of Fixture (tap, drinking fountain etc..)	DRINKING WATER fountain
Location of Fixture (example, room number)	Library
Sample Identification Number (ensure this number is also on the sample container)	WVMS-2
Date of Collection	1/10/17
Time of Collection	7:05
Name of Sample Collector	Victor Scherer
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes
Library - Bld 200 - used by both schools (middle/Elem) Bld #200 shared by Elem & middle students

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 15:01

24°C
 No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Western Valley Middle School
Name (or number) of Building	Bld #500
Type of Fixture (tap, drinking fountain etc..)	Fountain
Location of Fixture (example, room number)	8th grade AREA
Sample Identification Number (ensure this number is also on the sample container)	WUMS-3
Date of Collection	11/10/17
Time of Collection	7:10 AM
Name of Sample Collector	Victor Scherer
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes	(Bld 500) AREA BY 8th grade - NEXT TO Double entry DOORS (MIDDLE SCHOOL)
-------	---

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 15:01

24hr
No Ice