

Please complete a separate form for each first draw, and for each flush sample.

All fields must be filled in.

In this example, John Smith was the sampler from Vermont Child Care in Colchester. John collected a flush sample from the refrigerator dispenser in the Rainbow Room on 6/1/2019 at 7:30 a.m.

Report to be Sent To:

Contact information you gave to the CDD licensing technician who called you.

REPORT TO BE SENT TO:
Vermont Child Care
359 South Park Drive
Colchester, VT 05446

Lab ID #

Please label the bottle with this Lab ID # number and write it in the Lab ID# column of your tap inventory.

Lab ID # 19-IC-00000



Collection Type

Check the box for the type of water sample – first draw or flush. Reminder: **first draw** collects water that comes out of a tap after not being used for 8 to 18 hours and the **flush** collects water after tap has been running for 30 seconds.

Date of Collection: 6 / 1 / 19
Time of Collection: 7:30 AM
Collection Type: First Draw Flush* 10-Minute Flush
***If flush sample, please provide the corresponding first draw sample number for this outlet:** First Draw Lab ID# 19-IC-00678

Daytime Phone No.

The lab will contact you with any questions.

Daytime Phone No.: (123) 456-7890

Sample Type: Initial Post-remediation follow-up (Initial sample Lab ID # _____)

Provider Name

Write the provider name as it appears on the Vermont Bright Futures website.

Provider Name: VERMONT CHILD CARE

Sample Type

Check the 'Initial' box if this is the first time the tap is tested, which can be a first draw or a flush sample. Check the 'Post-remediation follow-up' box if this is a follow-up sample or sample collected after remediation.

Initial Sample Lab ID#

Only fill this in if you checked the 'Post-remediation follow-up' box. Write the lab ID# from the original sample.

First Draw Lab ID#

If the sample is a first draw, leave this blank. If you are taking a **flush sample**, write in the lab ID # of the **first draw sample** for the same tap so the results can be compared and displayed properly on the results website.

Physical Location: Street Address: COLCHESTER, VT 05446
Fixture Type: Drinking F... in without chiller Drinking F... in with chiller Bottle f... dispenser Sink Com... / Fountain Co... tain / Bottle
Fixture Detail: (if multiple in location) Left Right
Chlorine been used to disinfect it in the last two we... provide Tag # (from metal plate on well) 41172



Mailing Address:
PO BOX 1125
BURLINGTON, VT 05402-1125

Lab ID # 19-IC-00000



DEPARTMENT OF HEALTH LABORATORY (802) 338-4724 or (800) 660-9997 (VT Only)
359 SOUTH PARK DRIVE, COLCHESTER, VT 05446

Fixture Type

Check the box for which fixture type you are sampling from. Photo examples of the fixture types are available online at healthvermont.gov/leadtest-childcares.

Building

Leave blank if there is only one building.

Fixture Detail

Only check a box in this section if there are **multiple fixtures** of the same type in the same location and more information is needed to differentiate them (e.g. there are two water fountains next to each other, check the box if you are sampling from the left one or right one).

Room #

Write in the room number or what the room is called.

Building (if multiple):

Fixture Location:

Fixture Type:

Fixture Detail:

- Classroom
- Gym
- Hallway
- Kitchen
- Other: _____

- Drinking Fountain without chiller
- Drinking Fountain with chiller
- Bottle filler / dispenser
- Sink
- Combo**: Sink / Fountain
- Combo**: Fountain / Bottle filler
- Other: refrigerator

- (if multiple in location)
- Left
 - Right
 - Center
 - Upper
 - Lower
 - Other: _____

Room # (or additional Location detail):

RAINBOW

Sampler's Comments:

low water pressure

**Outlet type (if Combo):

- Sink
- Fountain
- Bottle Filler

Source:

- Drinking Well*
- Drinking Well**
- Surface (lake/pond)
- Surface (river)
- Surface (stream/creek)

Fixture Location

Check the box for the type of room the tap is in.

Outlet type (if Combo)

If you are collecting a sample from a "combo" fixture, check the box for which tap you are taking the sample from.

Sampler's Comments

If there is anything unusual or unique about collecting the sample or about the fixture, write it in this box.

Too Old to Test

Improper Sample Container

Broken in Transit
 Missing Information

Unable to Complete Testing of Sample Reason: