

Please complete a separate form for each first draw and each flush sample. **All fields must be filled in.** In this example, John Smith was the sampler from Vermont Elementary School in Burlington. John collected a flush sample from the combo fountain/bottle filler station in the hallway near the entrance to room 210 of Building B on 9/1/2019 at 7:30 a.m.

**Report to be Sent To**  
Contact information you entered when completing the survey.

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

**Name of Person Collecting Sample**  
*You only have to fill in this field on one form.*

**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.

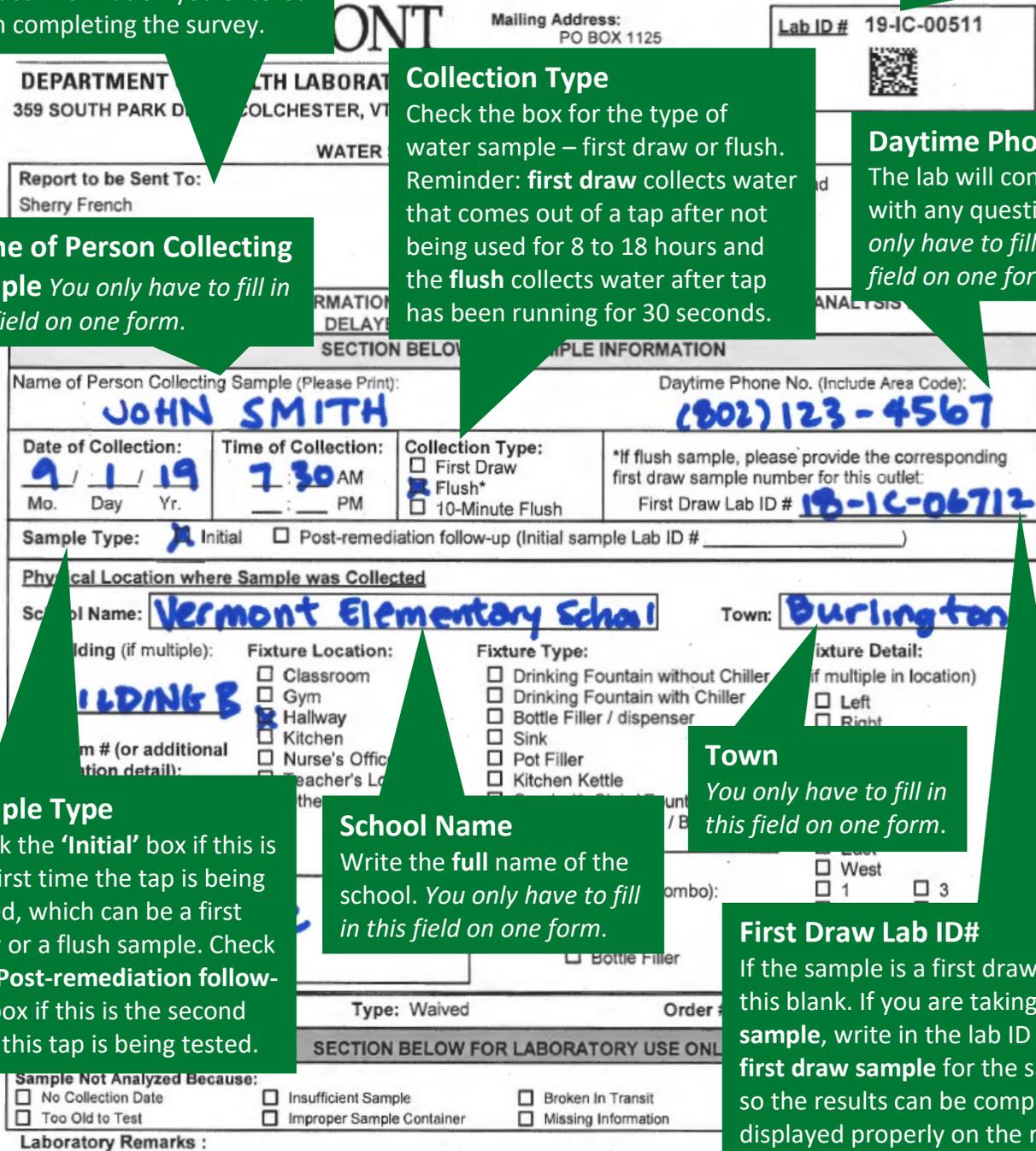
**Daytime Phone No.**  
The lab will contact you with any questions. *You only have to fill in this field on one form.*

**Sample Type**  
Check the 'Initial' box if this is the first time the tap is being tested, which can be a first draw or a flush sample. Check the 'Post-remediation follow-up' box if this is the second time this tap is being tested.

**School Name**  
Write the **full** name of the school. *You only have to fill in this field on one form.*

**Town**  
*You only have to fill in this field on one form.*

**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.



**DEPARTMENT OF HEALTH LABORATORY**  
359 SOUTH PARK DRIVE COLCHESTER, VT

Mailing Address: PO BOX 1125

Lab ID # 19-IC-00511

Report to be Sent To: Sherry French

Section Below for Sample Information

Name of Person Collecting Sample (Please Print): **JOHN SMITH** Daytime Phone No. (Include Area Code): **(802) 123-4567**

Date of Collection: **9 / 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 # **18-IC-06712**

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

Physical Location where Sample was Collected

School Name: **Vermont Elementary School** Town: **Burlington**

Building (if multiple): **BUILDING B** Fixture Location:  Classroom  Gym  Hallway  Kitchen  Nurse's Office  Teacher's Lounge

Fixture Type:  Drinking Fountain without Chiller  Drinking Fountain with Chiller  Bottle Filler / dispenser  Sink  Pot Filler  Kitchen Kettle

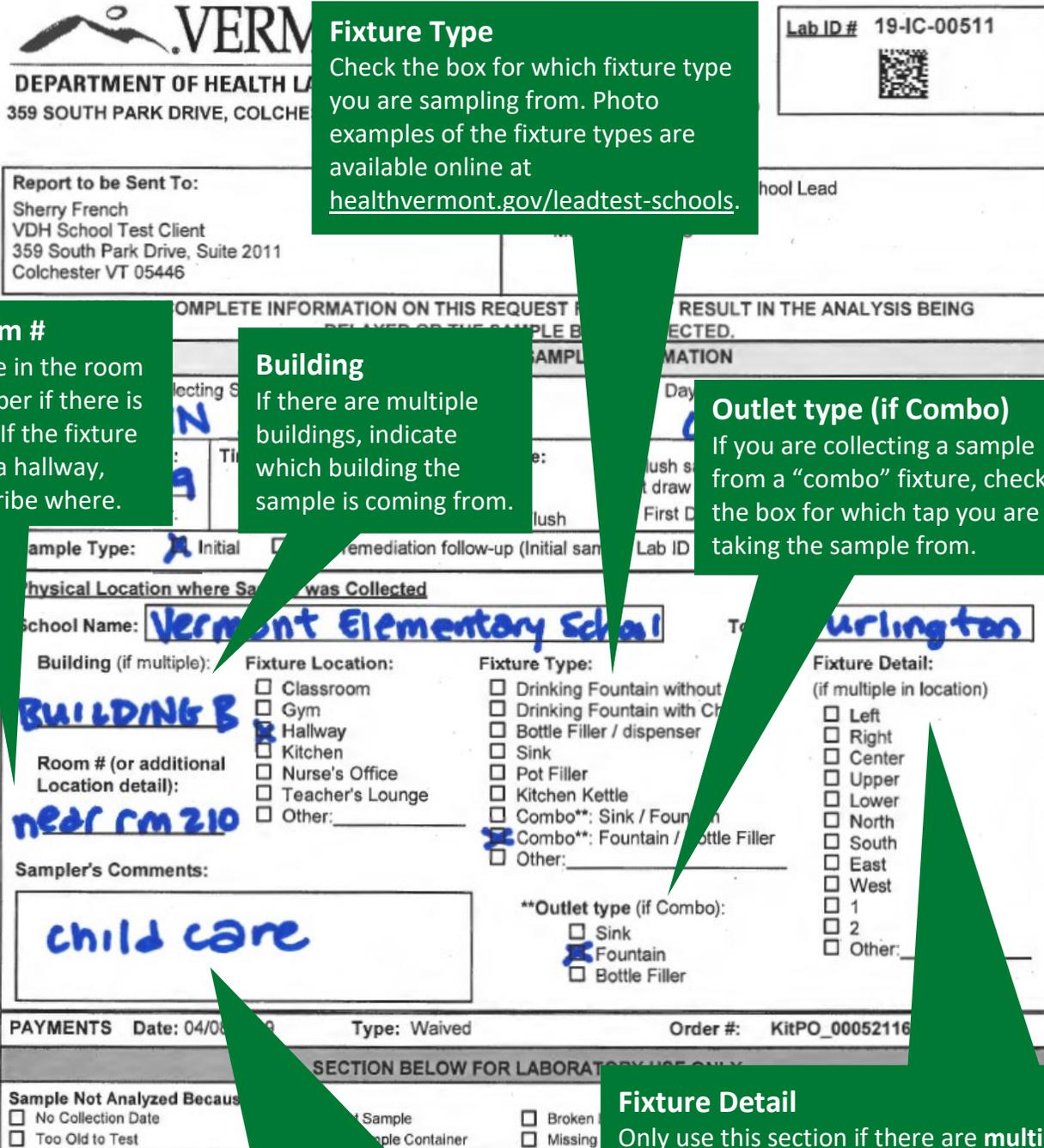
Fixture Detail:  Left  Right

Type: Waived Order # \_\_\_\_\_

Section Below for Laboratory Use Only

Sample Not Analyzed Because:  No Collection Date  Insufficient Sample  Broken In Transit  Too Old to Test  Improper Sample Container  Missing Information

Laboratory Remarks :



**Lab ID #** 19-IC-00511

**Report to be Sent To:**  
Sherry French  
VDH School Test Client  
359 South Park Drive, Suite 2011  
Colchester VT 05446

**Room #**  
Write in the room number if there is one. If the fixture is in a hallway, describe where.

**Building**  
If there are multiple buildings, indicate which building the sample is coming from.

**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-schools](http://healthvermont.gov/leadtest-schools).

**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.

**Fixture Detail**  
Only use this section if there are **multiple fixtures** 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 #**  
BUILDING B

**Building**  
BUILDING B

**Fixture Type**  
 Drinking Fountain without  
 Drinking Fountain with Ch...  
 Bottle Filler / dispenser  
 Sink  
 Pot Filler  
 Kitchen Kettle  
 Combo\*\*: Sink / Foun...  
 Combo\*\*: Fountain / Bottle Filler  
 Other: \_\_\_\_\_

**Fixture Detail:**  
(if multiple in location)  
 Left  
 Right  
 Center  
 Upper  
 Lower  
 North  
 South  
 East  
 West  
 1  
 2  
 Other: \_\_\_\_\_

**Room # (or additional Location detail):**  
near rm 210

**Sampler's Comments:**  
child care

**Sample Not Analyzed Because:**  
 No Collection Date  
 Broken Sample Container  
 Too Old to Test  
 Missing

**PAYMENTS** Date: 04/08/19 Type: Waived Order #: KitPO\_00052116

**SECTION BELOW FOR LABORATORY USE ONLY**

### Sampler's Comments

If this is a sample from a licensed child care program (preschool or afterschool), please write "child care" here. If there is anything unusual or unique about collecting the sample or about the fixture, also write it in this box.