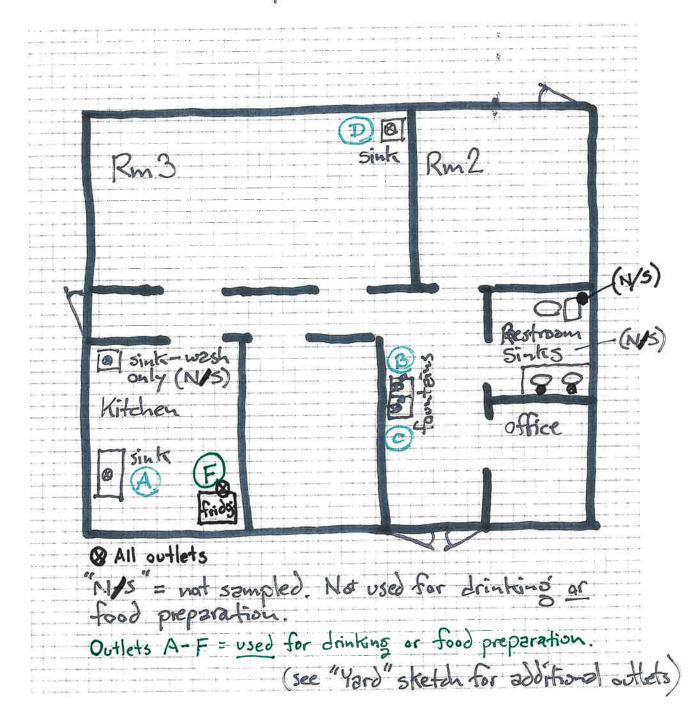
## **FACILITY SKETCH (Floor Plan)**

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The floor sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by staff/residents/clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard sketch.

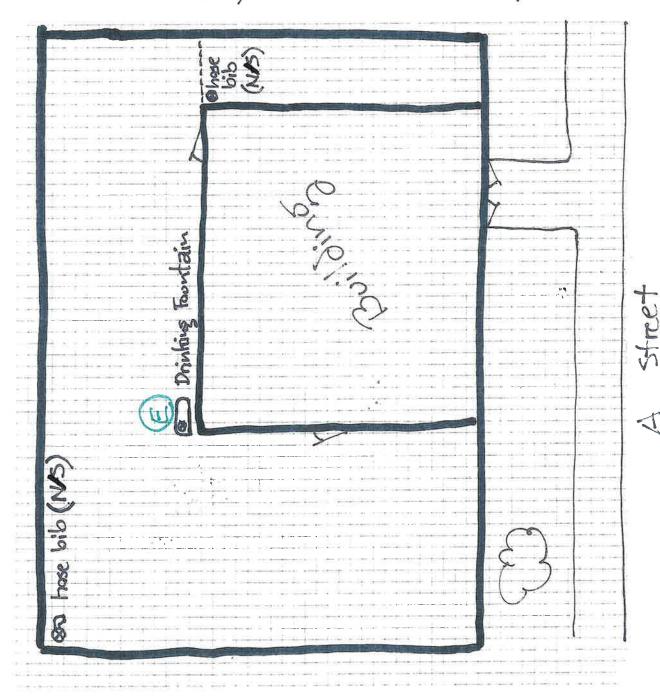
Child Care Center Company 123 A St., Grant City, CA 90000



## **FACILITY SKETCH (Yard)**

The yard sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

Child Care Center Company 123 A St., Crant City, CA 9000



"NIS" = not Sampled. Not used for drinking or ford prep

Analytical Laboratory Name

1234 Analysis St., Commercial City, CA 99999

*Required	Fields
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Turnaround Time Request						
	Standard - 10 business days					
	Rush (Surcharge may apply)					
	Date needed:					
	Date needed:					

## ANALYTICAL CHAIN OF CUSTODY

			Temp:			Thermometer	r ID:						
Company/Client Name*:	Report Atten	tion*:	•		Invoice T			Phone*:			Fax:		
	Additional cc's	Additional cc's:				PO#:							
Address*:	City*:				;	State*:	Zip*:	E-mail*:					
Project:	Projec	ct #:											
								<u> </u>					
Reporting Options: Regulatory Carbon Copies			es		Regulatory C								
		SWRCB (Drin	-				VRCB (Drinking Water)						
Sampler Name (Printed/Signature)*:		Merced Co Madera Co		Fresno Co Tulare Co	Sys	tem Number*: _							
		Other:			_	tracker #:							
Matrix Types: SW=Surface Water BW=Bottled Water	GW=Ground Water	ter WW=Waste	Water STW=	Storm Water	DW=Drink	king Water SO=	Solid	]					
# Sample Description*		Sam Date	Time	Matrix*	Com	nments / Statio	n Code / WTRAX						
			0510										
			0528										
			0535										
			0545										
			0555										
			0521										
			0608										
1800													
Relinquished by: (Signature and Printed Name)	Compa	any		Date	Time	Received by: (Sig	gnature and Printed Name)				Company		
Relinquished by: (Signature and Printed Name)	Compa	any		Date	Time	Received by: (Sig	gnature and Printed Name)				Company		
Received for Lab by: (Signature and Printed Name)				Date	Time	Payment Recei	ived at Delivery:				Chec	k /	Cash
						Date:	•	Am	ount:	PIA#:		Init.	
Shipping Method: ONTRAC UPS GSO	WALK	<-IN	FED EX	Courier:		<u>.                                    </u>		Custody Se		V/N			
Cooling Method: Wet Blue None	If not so paid, account	halances are deeme	d delinguent Deling	uent halances a	re subject to m	conthly convice charge	se and interest. The person sign	Chilling Pro	cess Begun:		or the Client or an	authorized agent to	to the

Payment for services rendered as noted herein are due in full within 30 days from the date invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service charges and interest. The person signing for the Client/Company acknowledges that they are either the Client or an authorized agent to the Client agrees to be responsible for payment for the services on this Chain of Custody.