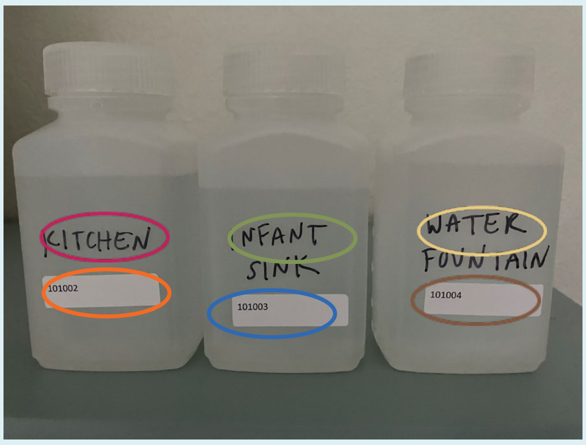
TILMAAMAHA QAADISTA SAAMBALADA/MUUNADAHA BIYAHA

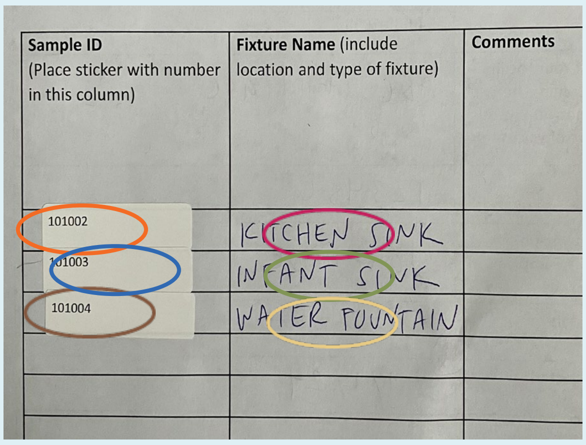
Washington State Department of HEALTH

Agabyada Ku Jira: Dhalooyinka muunad-qaadista, Aqoonsiga istiikarada Tusaalaha ah (labo halkii muunad oo biyo ahba), foomka kala sareynta masuuliyadda, bac (lagu ilaalinayo qallalsanaanta foomka).

1. **Kaliya qalabyada tijaabada** ee loo isticmaalo cabida, wax karinta, ama in lagu sameeyo caanaha. Oggoow ilahaan biyaha.

2. **Qalab kasta oo biyo ah u sameey magac u gaar ah** si markaa si fudud loogu aqoonsado. Magacaas ku qor dhalada muunada IYO foomka kala sareynta masuuliyadda. Muunad kastaa waxay leedahay laba istiikar oo lambar leh. Hal istiikar si toos ah ugu dheji dhalada mida kalana waxaad ku dhejisaa foomka kala sareynta masuuliyadda, qeybta ku xigta magaca qalabka.





3. **Muunadaha biyaha QABOW ka soo qaad** qalabyo aan la isticmaalin ilaa 8-18 saacadood. Muunado ugu horeeya soo qaad subaxdii hore kadib markii biyaha ay ku jireen habeenkii hore. Soo uruuri muunada biyaha isla markii aad furto tuubada ama gacanka tuubada. Ha oggolaan inay wax biyo ah ay daataan. Dhalo kasta oo muunad qaadista loogu talagalay ku buuxi biyo ilaa calaamada 250ml ee ku qoran dhalada.

Tilmaamaha Muunad-qaadista:

- **Ha isticmaalin** qalabka biyaha ilaa 8-18 saacadood kahor inta aanad muunada/saambalka ka qaadin.
    - Si looga hortago dadka inay si aan ula kac ahayn u isticmaalaan biyaha kahor inta aan saambalka/muunada laga qaadin, waxaad xarig ku wareejin kartaa aagga kuna calaamadeyn kartaa calaamadda "ha isticmaalin".
- **Ha isticmaalin** musqulaha, meelaha alaabta lagu dhaqo, ama qalabyada kale ee biyaha loo isticmaalo ee yaala xarunta subaxdii kahor intaan muunada/saambalka laga qaadin maadaama taasi ay carqaladayn karto biyaha aan rabno inaan baaritaan ku samayno.
- **Qalabka meelaha biyaha laga xiro waa in si joogto ah loo isticmaalo si natiijooyinku u saxmaan. Muunad/saambal ha ka qaadin** qalab aan la isticmaalin in ka badan 18 saacadood. Haddii xaruntaadu ay xiran tahay maalmaha dhamaadka usbuuca, muunad-qaadista **ha samayn** maalinta Isniinta, **hana samayn** muunad/saambal qaadista maalinta ugu horeysa ee kadib marka laga soo laabto fasax ama xirnaanshaha xarunta.
- **Ha ka saarin** qalabka hawo-saarista ama ha nadiifin kahor inta aan muunada/saambalka laga qaadin.

4. **Buuxi foomka kala sareynta masuuliyadda oo kala bax nuqul ama ka qaado sawir si aad diiwaankaaga ugu haysato.**

DOH 311-002 June 2024 Si aad u codsato dukumiintigaan oo qaab kale ah, wac 1-800-525-0127. Macaamiisha dhagoolka ah ama kuwa maqalkoodu culus yahay, fadlan waca 711 (Washington Relay) ama iimeel udir doh.information@doh.wa.gov

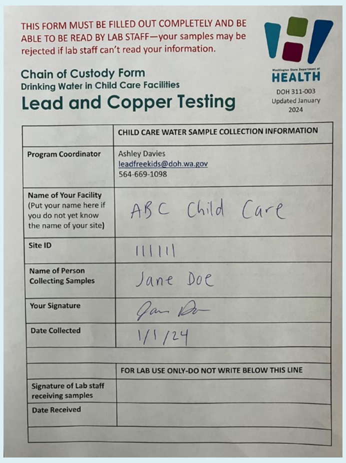
TILMAAMAHA KU AADAN SOO DIRISTA MUUNADAHA

Agabyada Ku Jira: Summada soo celinta muunada ee FedEx ee horay loo buuxiyey, sanduuqa lagu soo qaadayo saambalada (isticmaal isla sanduuqii alaabtaada lagu keenay), warqadda cabbeynta.

1. Dhex dhig dhalooyinka sida adag loo xirey. Isticmaal warqadda cabbeynta si aad uga ilaaliso dhalooyinka saambalada biyaha inay dhaq-dhaqaaqaan.

2. **Xaqiiji in foomka kala sareynta masuuliyadda uu dhamaystiran yahay** kuna rido bacda. Bacda waxaad dulsaartaa dhalooyinka saambalada ee ku jira sanduuqa.

Foomkaan waa in la buuxiyo dibna loogu soo celiyo sheybaarka si muunadaada loo baaro.

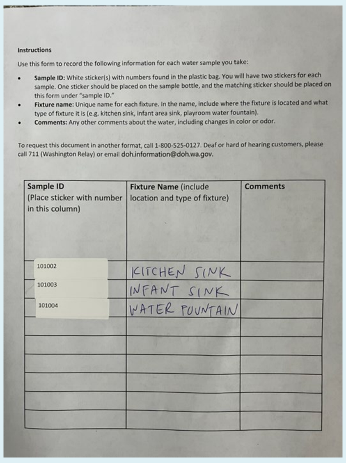


THIS FORM MUST BE FILLED OUT COMPLETELY AND BE ABLE TO BE READ BY LAB STAFF—your samples may be rejected if lab staff can't read your information.

Chain of Custody Form
Drinking Water in Child Care Facilities
Lead and Copper Testing

HEALTH
DOH 311-003
Updated January 2024

	CHILD CARE WATER SAMPLE COLLECTION INFORMATION
Program Coordinator	Ashley Davies leadfreekids@doh.wa.gov 564-669-1098
Name of Your Facility (Put your name here if you do not yet know the name of your site)	ABC Child Care
Site ID	111111
Name of Person Collecting Samples	Jane Doe
Your Signature	Jane Doe
Date Collected	1/1/24
	FOR LAB USE ONLY-DO NOT WRITE BELOW THIS LINE
Signature of Lab staff receiving samples	
Date Received	



Instructions

Use this form to record the following information for each water sample you take:

- **Sample ID:** White sticker(s) with numbers found in the plastic bag. You will have two stickers for each sample. One sticker should be placed on the sample bottle, and the matching sticker should be placed on this form under "sample ID."
- **Fixture name:** Unique name for each fixture. In the name, include where the fixture is located and what type of fixture it is (e.g. kitchen sink, infant area sink, playroom water fountain).
- **Comments:** Any other comments about the water, including changes in color or odor.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Sample ID (Place sticker with number in this column)	Fixture Name (include location and type of fixture)	Comments
101002	KITCHEN SINK	
101003	INFANT SINK	
101004	WATER FOUNTAIN	

3. **Ka saar qoraaladii hore ee boostada. Sanduuqa ku xir** sharootada baakadeynta, ku dheji **summada FedEx ee horay loo buuxiyey sanduuqa** oo sanduuqa waxaad gaysaa goobta FedEx ee kuugu dhow ama wac FedEx si ay u soo qaadaan xirmada: 800-463-3339 www.FedEx.com **Hayso nuqulka lambarka tixraaca. Calaamada alaab geynta waxay dhacaysaa kadib 90 maalmood.**

4. **Iimayl noogu soo dir leadfreekids@doh.wa.gov** si aanu u ogaysiino shaybaarka in muunadaha ay jidka ku soo jiraan.

5. **Iimayl ayaan kuugu soo diri doonaa natiijada baaritanaka biyahaaga.** Tani waxay caadiyan qaadataa 2-3 asbuuc kadib marka sheybaarka helo muunadaada. Natiijooyinka sidoo kale waxaa lasoo gelin doonaa webseedkeena saddexdii billoodba mar.

Su'aalo ma qabtaa? Ma u baahan tahay Caawimaad?

Nagala soo xiriir leadfreekids@doh.wa.gov ama 564-669-1098.

 Si aad u codsato dukumiintigaan oo qaab kale ah, wac 1-800-525-0127. Macaamiisha dhagoolka ah ama kuwa maqalkoodu culus yahay, fadlan waca 711 (Washington Relay) ama iimeel udir doh.information@doh.wa.gov