

Kings County Public Health Laboratory

330 Campus Drive, Hanford CA 93230 -- Phone (559) 852-2607 Fax (559) 583-8178

Complete this form for each location where assessments are to be performed. Send to laboratory 30 days before scheduled operation.

A. Name of Organization or operator.

NAME	_____		
ADDRESS	CITY/STATE	ZIP	
CONTACT PERSON	PHONE	FAX	

B. Location where Assessments are to be performed.

NAME	_____		
ADDRESS	CITY/STATE	ZIP	
CONTACT PERSON	PHONE	FAX	

C. Dates and Hours Program will be operating at this Location:

Dates	Hours	Days of Week

NOTE: Any changes in times, dates or location must be reported in writing or fax to the Public Health Laboratory at least 24 hours prior to the operation of the program.

D. Type or Kind of Nondiagnostic General Health Assessments being conducted at this location.

<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> Low-Density Lipoproteins (LDL)	<input type="checkbox"/> High-Density Lipoproteins (HDL)	<input type="checkbox"/> Occult Blood
Other (specify): _____		

E. Type and manufacturer of testing equipment to be used at this location.

Name of Equipment	Manufacturer

(Attach additional sheets if necessary)

F. List of employees:

Please list all employees who will participate in the nondiagnostic testing at this location. Include license/certificate number and expiration date.

Name and Title	Authorized to perform skin puncture	Cert Number/Expiration Date
	Yes No	
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(Attach additional sheets if necessary)

NOTE: Documentation of authorization to perform skin puncture should be available at testing site for each employee performing testing.