Toyas De	partment of State H	lealth Services			CONSTRUCTION		(X3) DATE SU	JRVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA BER:		CONSTRUCTION	COMPLETED		
		007804		B. WING			08/04	/2015
			OXDEET AD	DESS CITY S	TATE, ZIP CODE			
NAME OF P	ROVIDER OR SUPPLIER				BUILDING B			
HILLTOP	WOMENS REPROD	UCTIVE CLINIC		TX 79902	DOILDING			
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES		ID PREFIX TAG	/EACH C	IDER'S PLAN OF CORRECTION SHOULE FERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMAT	IION)	IAG		DEFICIENCY)		
A 000	TAC 139 Initial Co	mments		A 000				
	document, All info	orm is an official, legal rmation must remain				REVIEWED		
	unchanged except	t for entering the plan ion dates, and the sig	of nature		}	OFD to A note		
	space Any discre	epancy in the original o	leficiency			SEP 0 4 2015		
	citation(s) will be r	eferred to the Office o	t the	1	it			
	If information is in	eneral (OAG) for possi advertently changed b	y the					
	provider/supplier,	the State Survey Ager	ncy (SA)					
	should be notified	immediately. erence was held with t	he facility					
	Administrator in th	ne morning of 08/04/15	5. The					
	purpose and proc	ess of the licensure re and an opportunity give	survey		·-,			
	questions.	and an opportunity give	511 101	5.	4.5			
		ure is recommended, v	vith an				!	
	approved plan of	correction.						
	An exit conference	e was held with the fa afternoon of 08/04/15	cility					
	Preliminary findin	gs of the survey were						
		n opportunity given for	•					
	questions.				1/			
	Texas House Bill	15 states in part, "SE Health and Safety Co	CTION 2.					
	amended by ame	ending Subsections (a)), (b), and				-	
	(c) and adding Su	ubsection (a-1) to read	as					
	follows:	edative or anesthesia i	S					
	administered to t	he pregnant woman a	nd at leas	t				
		the abortion or at least on if the pregnant won						
	this requirement	by certifying that she of	currently]		•		
	lives 100 miles o	r more from the neare	st abortioi	n				
		facility licensed under hat performs more tha						
1		12-month period:"						
SOD - S					n	TUSE		(X6) DATE
LABOR/				M	O. 1	Homerislest	, 92,	1-11
STATE				0055	GQ7011	<u></u>	if continu	ation sheet 1

Texas De	partment of State F	lealth Services (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SU	TED
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		007804	B. WING		08/04/	2015
	ROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE		
		500 EAST		R BUILDING B		
HILLTOP	WOMENS REPROD	UCTIVE CLINIC EL PASO	TX 79902	PROVIDER'S PLAN OF CORRE	CTION .	(X5)
(X4) ID PREFIX TAG	TEACH DEELCIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	ONTD RF (COMPLETE DATE
A 000	Continued From p	age 1	A 000			
	Facility based polistated in part, "The abortion, or are a also a certified swomen at least 24 least two hours be woman waives that the sonogram/abord A) that she current the nearest abortic completed prior to before any sedation." According to door records of patient more from the nearest in the nearest abortice. Patient T3 was medically assess The initial surgica 01/20/15 at 11:32 confirmed the time Note. Patient T4 was medically assess The initial medically assess The in	cy entitled, "Sonograms" ne physician who is to perform agent of that physician who is sonographer on a pregnant 4 hours before an abortion, or at efore the abortion if the pregnant is requirement by certifying on ortion election form (Attachment of the previous of the	d d	A000 THB 15 Section 2.Section 171.01 and Safety Code 1. The Clinical Record Cheupdated to include: a) Sonogram and About Election form r/t paliving 100 miles or means and about Election form r/t paliving 100 miles or means and and an electrime of an and an electrime of insurgical abortion. 2. Staff meeting was held so included an inservice on regulation and expectations. 3. Staff given additional education Control. January 2005, pp 74-79. 4. Implementation began so Compliance will be valid MR review 100% MR review 100% MR review Numerator=# Medocumentation minimum 2 hou HB 15 Denominator= audited	rtion tients nore: I consult: esthesia: itial on: 8/6/15 that the ons lucation re: nat to sowie- laging on 8/31/15. /6/15 dated via ew/audit MR with of the ur wait per	

Texas De	partment of State H	lealth Services		T CONSTRUCTION (X3) DATE			URVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			ETED
AND PLAN (OF CORRECTION	IDENTIFICATION III		A. BUILDING;			
				B. WING		08/04	4/2015
	·	007804				1 05,0	
NAME OF D	ROVIDER OR SUPPLIER	,		RESS, CITY, ST			
				SCHUSTER			
HILLTOP	WOMENS REPROD	UCTIVE CLINIC	EL PASO,				43.67
(VA) ID	SUMMARY STA	ATEMENT OF DEFICIENCE	ES	1D	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION SHOULD BE	(X5) COMPLETE
(X4) ID PREFIX	/EACH DESICIENC	Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	PREFIX TAG	CROSS-REFERENCED TO THE	APPROPRIATE	DATE
TAG	REGULATORY OF L	OF INCIALLY UND HALOLING		.,,,	DEFICIENCY)		
				A 000	· · · · · · · · · · · · · · · · · · ·		
A 000	Continued From pa			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(b) A pregnant wo	man may choose no	ot to view				
	the sonogram ima	ges required to be p	rovided to				
	and reviewed with	the pregnant woma	n under				
	Section 171.012(a	i)(4). Iman may choose n	ot to hear				
	the heart ausculta	tion required to be p	provided to				
	and reviewed with	the pregnant woma	ın under				
	Section 171.012(a	1)(4).					
	(d) A pregnant wo	oman may choose n	ot to receive				
	the verbal explana	ation of the results o	1 the				
		under Section 171.	.u 12(a)(4)				
	(C) if:	oregnancy is a resul	t of a sexual				
	assault, incest, or	other violation of th	e Penal		· .		
	Code that has been	en reported to law e	nforcement				
	authorities or that	has not been repor	ted because				
	she has a reason	that she declines to	reveal				
	because she reas	conably believes that	t to do so				
	serious bodily inju	isk of retaliation res					
	(2) the woman is	a minor and obtaini	ng an				
	abortion in accord	lance with judicial b	ypass				
1	procedures under	Chapter 33, Family	Code; or				
1		an irreversible med					
		s previously identifie		,	1/		1
	diagnostic proced woman's medical	lures and document	ea in the		<i>;</i>		
}		n and the pregnant v	voman are				
	not subject to a p	enalty under this ch	apter solely				
	because the preg	nant woman choose	es not to	1			
1	view the printed n	naterials or the son	ogram				
	images, hear the	heart auscultation,	or receive		·		
	the verbal explan	ation, if waived as p	rovided by				
	uns secuon.	,					
1	Facility based pol	licy entitled, "Sonog	rams"				
	stated in part, "T	he pregnant womar	n may				
		eive the verbal expl					
		sonogram images o			1	-	
	certities in writing	on the sonogram/a	portion	J		·	

Texas D	epartment of State F	lealth Services		•	FORM API	PROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SUI	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	:	COMPLET	TED
				•		
		007804	B. WING		08/04/2	2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	WOLLENS DEDOOR	500 FAST		R BUILDING B		
HILLIOF	WOMENS REPRODU	ICHVE CHINIC	TX 79902			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF		DATE
			1.1.0	DEFICIENCY)	,,,,,,,,,,,	
A 000	Continued From pa	ge 3	A 000			
	•					
	election form, one of	or the following: is a result of sexual assault,				
İ	incest	is a result of sexual assault,				
•	2. The woman is a	a minor and obtaining an				
	abortion in accorda	nce with judicial bypass	1			
	procedures under C	Chapter 33, Family Code."				
	6 out of 6 medical r	ecords of minor patients (M1,				
		nd M6) revealed improper	· \ .	200		•
		he "Texas Department of) A	.000		
	State Health Servic	es Sonogram and Abortion	I	HB 15 Section 171.0122		
	Election Form".			1. The Clinical Record Check	klist was	
		patients all initialed beside the ating, "I am a minor and		updated to include:	ALIDE WED	
		on in accordance with judicial		a) Minor patients with	parent/legal gua	rdian:
		under Chapter 33, Texas		 MR reflects parer 		
	Family Code ".	• •		guardian received		
		patients had any		explanation of the		
		idicial bypass. All 6 had		of the sonogram i		
		signed by a parent or legal orting documentation provided		2. Staff meeting was held 8/6		
	(birth certificates lic	censes). There was no	1	included an inservice on th	ie	
		e medical record to indicate		regulation and expectations		
	these patients recei	ved the verbal explanation of		3. Implementation began 8/6/		
•	the results of the so	nogram images per the		Compliance will be validat MR review	ted via	
	requirements of Ho	use Bill 15.	ŧ	• 100% MR review	//audit	
	Texas House Bill 2	states in part.	:	Numerator= # MF		
	"SECTION 2. Subo	chapter A, Chapter 171, Health	:	documentation of		
		amended by adding Section	₹.	explanation of the		
	171.0031 to read as			of the sonogram is		
	Sec. 171.0031, RE PHYSICIAN; OFFE			by parents/guardia	ans as	
		forming or inducing an	-	appropriate • Denominator= tot	al # MP	
	abortion:	· ·		audited	AL IT IVIN	
ļ	(2) shall provide the	e pregnant woman with:				
		none number by which the	,			
		ay reach the physician or ersonnel employed by the		-		
		facility with access to the				

SOD - State Form STATE FORM

Texas D	epartment of State I	lealth Services				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		007804	B. WING		08/0	4/2015
	PROVIDER OR SUPPLIER	ICTIVE CLINIC 500 EAST	SCHUSTER	STATE, ZIP CODE R BUILDING B		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 000	day, to request ass that arise from the the abortion or ask regarding the abort (B) The name and nearest hospital to woman at which an abortion could be to Based on review of determined the fact with the name and nearest hospital to woman at which an abortion could be to 4 of 4 (T1, T2, for patients that live received lists with to number of hospitals patients did not reconumber of the near pregnant woman. T Kansas, Colorado,	medical records 24 hours a istance for any complications performance or induction of health-related questions ion, AND telephone number of the the home of the pregnant emergency arising from the reated. " documentation, it was illity failed to provide patients telephone number of the the home of the pregnant emergency arising from the emergency arising from the	T	1. The Emergency Contact list was updated to include a space for the staff to write in the name and telephone numbers of hospitals nearest to their homes where emergency services can be provided in case of complication. 2. The Clinical Record Checklist with updated to include: a) Patients living outside the service in the nearest hospital to the nearest hospital	as the ons was El Paso ar er of the nan uso 5 the	ea:
A 283	139.48(1)(A) Physic Requirements The physical and endicensed abortion (1) A facility shall: (A) have a safe and properly constructe	member # 1 on 08/04/15. cal & Environmental nvironmental requirements for facility are as follows. d sanitary environment, d, equipped, and maintained and safety of patients and	A 283	via MR review a. 100% MR review/audit b. Numerator= # MR with documentation of name and telephone numbers of hospitals nearest to their homes where emergency servic can be provided in case complications c. Denominator= total # M audited	ces of	
	•					

Texas D	epartment of State H	lealth Services		·	FORM	APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE	SURVEY LETED
		is a market with the same of t	A. BUILDING	S:	COM	LETED
		007804	B. WING		08/0	4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	, STATE, ZIP CODE		
LULTOF	WOMENS DEPROP	500 EAST		R BUILDING B		
HILLIOF	WOMENS REPRODU	ILLIVE GIANIL	TX 79902			
(X4) ID	ī .	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE)PRIATE	COMPLETE DATE
A 283	Continued From pa	ige 5	A 283	A283		
	_			139.48(1)(A) Physical &		
	This Requirement	is not met as evidenced by:		Environmental Requirements		
	Based on tour and	interview, the facility failed to				
	ensure a safe and	sanitary environment, properly		 A new sonogram probe was 		
		ect the health and safety of		ordered and delivered 8/6/15		
	patients and staff a	t all times.	-	2. The old probe was disposed3. New probe implemented		
	Findings included:			8/6/15.		
		<u> </u>		4. Staff meeting was held 8/6/15		
		facility on 08/04/15, it was		that included an inservice on		
		nogram room that a probe had		the regulation and expectations		
		e around the handle, e cleaning of the instrument.	10	Infection control compliance		
		s stored in a slot that held a		and storage of the probe		
		as visibly soggy with ultrasound		 Inspection & Testing of Surgical 		
		er towel could provide an	/	Instruments		
	environment for pot	tential bacteria growth.		Surgical Instrument		
	The -1 C 11		/	Decontamination		
		were confirmed in an member # 1 on 08/04/15.	{	3. Implementation began 8/6/15		
	interview with Stair	member # 1 on 08/04/15.	4	4. Compliance will be validated		
A 320	130 /0(d)(5)(A) Infa	ection Control Standards	A 320	via daily observation/	;	
7.020	100.40(0)(0)(7) 1116	ection Control Standards	A 320	documentation of compliance a. 100% review/audit when	i	
	(d) Policies and pro	cedures for decontamination,	}	used		
		ation, and storage of sterile		b. Numerator=# days 100%		
	supplies.			compliance of correct		
		sterilization procedures.	:	storage		
		n of instruments depends on methods of cleaning,		c. Denominator= total # days		
		ment of items in the sterilizer,	-	audited		
		ollowing procedures shall be				
	included in the writt	en policies as required in this				
	-	de effective sterilization				
	measures.					
		censed abortion facility shall			ļ	
		equipment adequate to meet fthis paragraph for sterilization			1	
	of critical items.	and paragraph for stermzation				
		maintained and operated to				

Texas De	partment of State H	lealth Services	(20) 141 11 717	(X3) DATE SURVEY	
STATEMENT	r OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	PLE CONSTRUCTION 3:	COMPLETED
AND PLAN	OF CORRECTION				
		007804	B. WING		08/04/2015
			DRESS CITY	, STATE, ZIP CODE	
	ROVIDER OR SUPPLIER	500 EAST		R BUILDING B	
HILLTOP	WOMENS REPROD	UCTIVE CLINIC EL PASO,	TX 79902	<u> </u>	
	CUMMADV ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	TION (X5) JLD BE COMPLETE
(X4) ID PREFIX	VENCUI DEDICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPR	OPRIATE DATE
TAG	REGULATORY OR I	LSC IDENTIF TING IN GRADULON		DEFICIENCY)	
A 220	Continued From page 1	age 6	A 320		
A 320					
	perform, with acculitems.	racy, the sterilization of critical			
	itellis.				
			ı	320	
			13	39.49(d)(5)(A)	
	This Requirement	is not met as evidenced by:	1	Bowie Dick test sheets were	
	Based on observa	ation, review of policy, and	1.	ordered and arrived 8/25/15	
	interview the facil	lity failed to ensure that	2.	. Logbook will specify use of	
	sterilization equip	ment was maintained and rm, with accuracy, the		Bowie Dick test and/or what	
	sterilization of crit	ical items.		method is utilized to determine mechanical integrity	
	Otorinization	•	3	Staff meeting was held 8/6/15	
	Findings included	l :		that included an inservice on	
ĺ	Facility based not	icy entitled, "Bowie-Dick type	Λ	the regulation and expectations	
	Test" stated in pa	art. "The Association for the		of Bowie Dick test to check for	
	Advancement of	Medical Instrumentation (AAIVII)	1	air leaks in the autoclaves Staff given additional education re:	
	recommends that	t a air removal test be run on all		What to	
	pre-vacuum stea	m sterilizers on a daily basis.	V	Do When You Have a Bowie-	
	A Bowie-Dick typ	e Test is a method of testing	Y	Dick Test Problem, Managing	
	nre-vacuum high	n speed autoclaves, such as the		Infection Control, January 2005, pp 74-79 on 8/31/15	
	Ritter M 11 autoc	lave, to demonstrate and test air removal from the chamber	5	6. Compliance will be validated:	
	and load, and the	e presence of an air leak.		via documentation of	
	Presence of 'air	pockets' within a sterilization	1/	compliance (Log Book)	
	chamber can lea	d to improper sterilization of the		a. 100% review/audit when used	
	instrument load.			b. Numerator=# days 100%	
ļ	PROCEDURE			compliance of Bowie Dick	
	1. The test is m	nade daily in the pre-vacuum		tests performed	
1	sterilizer with the	e first sterilization run ilization number, date and		c. Denominator= total # days Bowie Dick is utilized	
	5. Record ster	sheet. Test sheets then places	in	1	
	the appropriate f	folder for record keeping			
1	9. Record resu	ults in sterilizer log."			
	Enciliby based of	olicy entitled, "Steam Sterilizer		1	
	Documentation"	stated in part,			

lexas De	epartment of State F	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUITIPLE	CONSTRUCTION	(X3) DATE SURVEY	
STATEMEN	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
AND PLAN	OF CORRECTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		007804	B. WING		08/04/2015	
			DRESS, CITY, S	TATE ZIP CODE		
NAME OF F	ROVIDER OR SUPPLIER		SCHUSTER			
HILLTOP	WOMENS REPROD		TX 79902			
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE	
A 320	Continued From p	age 7	A 320			
	operation for press	shall be monitored during sure, temperature, and time at tree and pressure				
	PROCEDURE					
	4) Indicate (by che instruments, biolo (Bowie-Dick test).	eck mark) if the run is for gical test, or mechanical test "		A320 139.49(d)(5)(A)		
	observed the faciliautoclaves to ster use of these 2 au interview with staff Review of facility revealed the follor. The Sterilizat 08/03/15 docume biological testing indicated. This loa a Bowie Dick test determine mecha. There was de biological monitor included tests result in an interview with was asked if the test to check for member # 1 initial documented in the surveyor stated the method used for member # 1 state.	ion Log from 01/05/15 through inted both mechanical and results with "pass/fail" ogbook did not specify the use of or what method was utilized to inical integrity. In a separate logbook that sults. If the staff member # 1 on 08/04/15 facility utilizes the Bowie Dick air leaks in their autoclaves. Staffly stated that the test was ne Sterilization log book. This he logbook did not specify the mechanical testing. Staffled they were not familiar with the	5 off	 Bowie Dick test sheets were ordered and arrived 8/25/15 Logbook revised and will specify use of Bowie Dick test and/or what method is utilized to determine mechanical integrity Staff meeting was held 8/6/15 that included an inservice on the regulation and expectations of Bowie Dick test to check for air leaks in the autoclaves Staff given additional education What to Do When You Have a Bowie-Dick Test Problem, Managing Infection Control, January 2005, pp 74-79 on 8/3 Compliance will be validated via documentation of compliance (Log Book) 100% review/audit when used Numerator=# days 100% compliance of Bowie Dick 	s r m re:	
	had a specific po Dick test. This st	after being informed the facility licy for performing the Bowie aff member also stated the ve any test sheet for the Bowie		tests performed c. Denominator= total # days Bowie Dick is utilized		

If continuation sheet 9 of

Toyae De	partment of State H	lealth Services			(Y3) DATE SU	RVEY
STATEMEN	r of deficiencies	1/Y1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			
						1
		007004	B. WING		08/04/	2015
		007804	L			
NAME OF S	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
		500 FAST	SCHUSTER			
HILLTOP	WOMENS REPRODU		TX 79902			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			T	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID PREFIX	JEACH CORRECTIVE ACTION SHOUL	_DBE I	COMPLETE DATE
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	PRIATE	DAIL
TAG	REGOLATOR: OTT			DEFICIENCY)		
			A 320		1	
A 320	Continued From pa	age 8	A 320			
	Dick tost or retain	any such test sheets.	1		1	
	Dick fest of Lergitt	arry 3doir took oncode.			1	
			1		1	
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STATE FORM

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