Lead and Copper in Schools Checklist

This checklist is designed to help determine if lead or copper is likely to be a problem in your facility’s drinking water and enable you to determine appropriate remediation actions if needed.

A. GENERAL

Name of School:

School district or local education agency:

Street address of School:

City/Town: Zipcode:

Contact Person’s Name at the School, Program, or Facility (for drinking water quality):

Contact Phone #: Email address:

Is part of your facility at another location (other than the one listed above)? Yes No

If yes, please provide the following information:

Name of off-site facility/building:

Street Address:

City/town: Zipcode:

Is your school/facility a “hosted” facility, i.e., does your school/facility share the space it occupies with another school/facility that may also be submitting a Lead and Copper in Schools Checklist? Yes No (If No, Skip to Section C)

What is the age of your school building? (Year of construction):

Have there been any renovations and / or additions to the structure?:

If so, when was that(Year of renovation/addition):

Has the plumbing in the building been renovated or updated?

If so, when (Year of renovation/update):

B. HOST FACILITY INFORMATION

Name of “Host” facility that your facility is located within:

Contact Person’s Name:

Phone #: Email address: (Skip to section F)

C. PUBLIC WATER SYSTEM
Is your school/facility a Public Water System (PWS), i.e., do you have your own well which supplies 25+ people per day?  

Yes  No

D. DRINKING WATER PRACTICES

Has your public water system (PWS supplying water to your facility) collected lead and copper samples at your school/facility?  

Yes  No

Besides your PWS samples, has your school/facility or another party hired by your facility taken lead and copper sample(s) in the last 12 months?  

Yes  No

If yes, what was the date of the last sample(s)?  (mm/dd/yyyy)

If yes, who conducted the samples?

Do you have a plumbing profile of your school/facility? (E.g. a map of all the plumbing lines and equipment with the type of material noted.)  

Yes  No

Has your school/facility prepared a sampling plan showing all fixtures, their ID numbers, and the last date they were sampled for lead and copper?  

Yes  No

Do you keep your lead and copper results and other records in a file onsite?  

Yes  No

If no, where are those records kept?

Contact Person’s Name:

Name of off-site facility/building:

Street address:

City/Town:  Zipcode:

Did any samples exceed the Action Level for lead (0.015 ppm) or copper (1.3 ppm)  

Yes  No

If yes, check all remediation actions taken:

___ Fixtures Removed  ___ Retested  ___ Re-piped  ___ Flushing

___ Notice Sent to Parents  ___ Bottled Water (Temporary)  ___ Bottled Water (Permanent)

___ Treatment Unit Installed

Does your school/facility use bottled water as your main source of drinking water for staff?  

Yes  No

Does your school/facility use bottled water as your main source of drinking water for visitors?  

Yes  No

Does your school/facility have water coolers (water in these coolers is stored in a pipe coil or in a reservoir)?  

Yes  No
If yes, has your school/facility checked the brands and models of water coolers, and compared them to the listing of “banned” water coolers in Appendix E of the EPA 3Ts Toolkit?  
Yes  
No  

If yes, have all EPA “banned” water coolers found at your facility been disconnected and removed?  
___ No “banned” water coolers found on site  ___ Disconnected and removed  ___ Disconnected but not removed  ___ Neither disconnected nor removed  

Is the service line from your PWS or well a “lead” service line? (The service line is the pipe leading from the PWS main line in the street outside your facility or the well into your facility.)  
Yes  
No  
I don’t know  

Does your school have a lead and copper in drinking water program?  
Yes  
No  

If yes, please provide a short description below and attach a copy.  

E. CO-LOCATED FACILITIES  
Do you have any other schools, programs (collaborative, special education, etc.) or daycare program (covered by your checklist) within your school or facility?  
If yes, please provide the following information about the school, program, or daycare.  
Name of school, program or daycare:  
Contact Person’s Name:  
Phone #:  Email address:  

F. SIGNATURE  
Your signature certifies that all the information provided above is current and accurate to the best of your knowledge.  
Signature:  
Print Full Name:  
Job Title:  
Date: