

## 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



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: