# Drinking Water in Rhode Island Public Schools Lead Sampling Sheet

SCHOOL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAMPLING DATE:\_\_\_/\_\_\_/\_\_\_\_\_ SCHOOL CONTACT NAME / EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**Location type** = Water Fountain, Water Cooler, Kitchen Faucet, Bottle Filler, Filtered outlet, Other (please explain)]

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| **Sample #** | **Sample Time** | **Location Name** (for example, “Water fountain next to room 002”)  | **Location Type** | **Name of person who collected the sample** | **Comments** |
| Sample #1 |  |  |  |  |  |
| Sample #2 |  |  |  |  |  |
| Sample #3 |  |  |  |  |  |
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| **Relinquished By Signatures** | **Date** | **Time** | **Received By Signatures** | **Date** | **Time** |
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**Project Information:** Testing Drinking Water for Lead in RI Public Schools; RIDOH/URI, Reports to Elizabeth Herron, eherron@uri.edu, 401-874-4552