

Pre-Sampling Questionnaire and Drinking Water Tap inventory

School Name:		Date:	
Tribe:		Name of person(s) completing this form:	
Address:		Primary Contact Person:	
		Primary Contact Title:	
		Primary Contact Phone:	
Mailing Address: (If different)		Primary Contact Email:	
		Secondary Contact Person:	
		Secondary Contact Title:	
School Phone Number:		Secondary Contact Phone:	
School Website:		Secondary Contact Email:	
School Type (Day Care, Head Start, Elementary, Middle, High School):		Student Age Range:	
Number of Students:		Number of Buildings:	Year of Oldest Building:
Who supplies your facility's drinking water (Name of Water System)?		If more than one building, list buildings (with Date constructed):	
Are there any flushing plans in place? (If yes, please explain)			
Have there been any major repairs or plumbing replacements since 1986? (If yes, please describe)			
Is there any additional information that you would like to share? (If yes, please describe)			

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School Name:								
Tribe:								
Drinking Water Tap Name	Building/ Location Reference	In Use?	Are there any leaks?	Cooling unit?	Is there an aerator?	Is there a water filter?	Hot/cold? With single handle or two handles?	Comments