

**LEAD EXPOSURE ASSESSMENT FOR DRINKING WATER STUDY**  
**SURVEY FOR SCHOOLS AND DAY CARES**

Facility \_\_\_\_\_  
Date of call/contact \_\_\_\_\_  
Caller \_\_\_\_\_

1. Site address: \_\_\_\_\_
2. Contact Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_
3. Prefer to be contacted by: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Date of site visit: \_\_\_\_\_ Name of staff visitor: \_\_\_\_\_
5. Tap to be tested: \_\_\_\_\_ Kitchen \_\_\_\_\_ Water-fountain \_\_\_\_\_ Other \_\_\_\_\_
6. Floor of tap to be tested \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Other \_\_\_\_\_
7. Does the building have a water filtration system? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
a. If so what kind (manufacturer and model)? \_\_\_\_\_  
\_\_\_\_\_
8. Does the building have water fountain(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
a. If so how many? \_\_\_\_\_  
b. If so what kind (manufacturer(s), model(s), and year of model(s) if known)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What neighborhood is your facility located in?  
\_\_\_\_\_ Bywater \_\_\_\_\_ Marigny \_\_\_\_\_ French Quarter \_\_\_\_\_ Treme/6<sup>th</sup> Ward  
\_\_\_\_\_ Central City \_\_\_\_\_ St. Roch \_\_\_\_\_ 7<sup>th</sup> Ward \_\_\_\_\_ Lower 9<sup>th</sup> Ward  
\_\_\_\_\_ 9<sup>th</sup> Ward \_\_\_\_\_ Holy Cross \_\_\_\_\_ Garden District \_\_\_\_\_ Irish Channel  
\_\_\_\_\_ Leonidas \_\_\_\_\_ St. Claude \_\_\_\_\_ Bayou St. John \_\_\_\_\_ Black Pearl  
\_\_\_\_\_ Audubon \_\_\_\_\_ Touro \_\_\_\_\_ Riverside \_\_\_\_\_ Milan  
\_\_\_\_\_ Fairground \_\_\_\_\_ Iberville \_\_\_\_\_ St. Thomas \_\_\_\_\_ Navarre  
\_\_\_\_\_ City Park \_\_\_\_\_ Algiers \_\_\_\_\_ \_\_\_\_\_ Other
10. How old is your facility's building? \_\_\_\_\_ Pre 1950 \_\_\_\_\_ Post 1950 \_\_\_\_\_ Year \_\_\_\_\_ Unknown
11. Any new plumbing inside the building? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

12. Any new water lines outside, that service the building \_\_\_Yes \_\_\_No \_\_\_Unknown

13. Do you know if your building has lead water service lines? \_\_\_Yes \_\_\_No \_\_\_Unknown

14. Average number of occupants in the building on a regular day: \_\_\_\_\_

15. Distance from water main in middle of street to front of building (A): \_\_\_\_\_

16. Distance from shut-off valve or water meter to front of building (B): \_\_\_\_\_

17. Distance of internal plumbing from front of building to the tap/fountain to be tested  
(measured along the wall from the front where pipe enters home to the tap : \_\_\_\_\_

18. Mark an X to indicate where in the building the tap/fountain to be sampled is located.

