Lead Sampling Program for Public Schools

Questionnaire: Request for General Information about Your School

To be completed by School Administrator or Facilities Management Personnel.

Welcome to the Indiana Finance Authority's Lead Sampling Program Questionnaire: Request for General Information about Your School. Recognizing that no two school districts are alike, we would like to have a baseline understanding of your school's facilities and water supply. This Questionnaire should be completed by each individual school campus (e.g. East Central High School campus or Selma Elementary School campus), NOT on a District-basis. Up to 20 buildings/facilities can be reported in this survey. Please report any facilities with potable water, such as career centers, sports facilities, special education buildings, etc. Please ONLY report buildings that have water that is used for human consumption.

In order to complete this assessment, you will need only basic information about your school, including enrollment, academic calendar and basic building characteristics. Please keep in mind that completion of this Questionnaire is required to be considered for participation in the Lead Sampling Program. Keep a copy of your responses for your records. You will be informed that your Questionnaire has been received within 1 week of receipt. Please contact Staci Orr at IFALead@ifa.in.gov or (317) 232-8623 with any questions.
1) School Contact Information

Name of School or Facility: _______________________________________________________

School District (if applicable): ___________________________________________________

IDOE School Code (if applicable):________________________________________________

Street Address of School: _______________________________________________________

City/Town: _____________________________ State: _______________ Zip: __________

District Contact Name for Follow-up Communications: _____________________________

District Contact Email Address:__________________________________________________

District Contact Phone Number:_________________________________________________

Name of Individual Completing Questionnaire:_____________________________________

Email Address for Individual Completing Questionnaire:____________________________

Phone Number for Individual Completing Questionnaire:____________________________

2) Has your school’s water been tested for lead by your Water Utility?

☐ Yes  ☐ No  ☐ Unsure

2a) If yes, what was the date of the last sample?

___________________________________________________________________________

3) Does your school have a regular water testing program for contamination?

☐ Yes  ☐ No  ☐ Unsure

3a) If yes, which contaminants are currently tested for at your school?

___________________________________________________________________________
4) How many different buildings are on your school’s campus? Please include only buildings/facilities with a potable water supply.

☐ 1  ☐ 6  ☐ 11  ☐ 16
☐ 2  ☐ 7  ☐ 12  ☐ 17
☐ 3  ☐ 8  ☐ 13  ☐ 18
☐ 4  ☐ 9  ☐ 14  ☐ 19
☐ 5  ☐ 10  ☐ 15  ☐ 20

**Building 1 Information**

Building Name/Description: ______________________________________________
Street Address:________________________________________________________
City: __________________________  State: _______  Zip: ____________
Phone Number (If different from above):____________________________________
Estimated Number of Drinking Fountains:___________________________________

**Building 2 Information**

Building Name/Description: ______________________________________________
Street Address:________________________________________________________
City: __________________________  State: _______  Zip: ____________
Phone Number (If different from above):____________________________________
Estimated Number of Drinking Fountains:___________________________________

**Building 3 Information**

Building Name/Description: ______________________________________________
Street Address:________________________________________________________
City: __________________________  State: _______  Zip: ____________
Phone Number (If different from above):____________________________________
Estimated Number of Drinking Fountains:___________________________________
Building 4 Information
Building Name/Description: _______________________________________________________
Street Address:________________________________________________________________
City: ______________________ State:_________ Zip:______________________________
Phone Number (If different from above):__________________________________________
Estimated Number of Drinking Fountains:__________________________________________

Building 5 Information
Building Name/Description: _______________________________________________________
Street Address:________________________________________________________________
City: ______________________ State:_________ Zip:______________________________
Phone Number (If different from above):__________________________________________
Estimated Number of Drinking Fountains:__________________________________________

Building 6 Information
Building Name/Description: _______________________________________________________
Street Address:________________________________________________________________
City: ______________________ State:_________ Zip:______________________________
Phone Number (If different from above):__________________________________________
Estimated Number of Drinking Fountains:__________________________________________

Building 7 Information
Building Name/Description: _______________________________________________________
Street Address:________________________________________________________________
City: ______________________ State:_________ Zip:______________________________
Phone Number (If different from above):__________________________________________
Estimated Number of Drinking Fountains:__________________________________________

Building 8 Information
Building Name/Description: _______________________________________________________
Street Address:________________________________________________________________
City: ______________________ State:_________ Zip:______________________________
Phone Number (If different from above):__________________________________________
Estimated Number of Drinking Fountains:__________________________________________
Building 9 Information
Building Name/Description: ______________________________________________
Street Address:__________________________________________________________
City: ______________________ State: __________ Zip: _______________
Phone Number (If different from above):______________________________
Estimated Number of Drinking Fountains: _____________________________

Building 10 Information
Building Name/Description: ______________________________________________
Street Address:__________________________________________________________
City: ______________________ State: __________ Zip: _______________
Phone Number (If different from above):______________________________
Estimated Number of Drinking Fountains: _____________________________

Building 11 Information
Building Name/Description: ______________________________________________
Street Address:__________________________________________________________
City: ______________________ State: __________ Zip: _______________
Phone Number (If different from above):______________________________
Estimated Number of Drinking Fountains: _____________________________

Building 12 Information
Building Name/Description: ______________________________________________
Street Address:__________________________________________________________
City: ______________________ State: __________ Zip: _______________
Phone Number (If different from above):______________________________
Estimated Number of Drinking Fountains: _____________________________

Building 13 Information
Building Name/Description: ______________________________________________
Street Address:__________________________________________________________
City: ______________________ State: __________ Zip: _______________
Phone Number (If different from above):______________________________
Estimated Number of Drinking Fountains: _____________________________
**Building 14 Information**

Building Name/Description: ______________________________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: ____________________

Phone Number (If different from above): _____________________________________

Estimated Number of Drinking Fountains: ________________________________

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**Building 15 Information**

Building Name/Description: ______________________________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: ____________________

Phone Number (If different from above): _____________________________________

Estimated Number of Drinking Fountains: ________________________________

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**Building 16 Information**

Building Name/Description: ______________________________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: ____________________

Phone Number (If different from above): _____________________________________

Estimated Number of Drinking Fountains: ________________________________

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**Building 17 Information**

Building Name/Description: ______________________________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: ____________________

Phone Number (If different from above): _____________________________________

Estimated Number of Drinking Fountains: ________________________________

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**Building 18 Information**

Building Name/Description: ______________________________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: ____________________

Phone Number (If different from above): _____________________________________

Estimated Number of Drinking Fountains: ________________________________
Building 19 Information
Building Name/Description: ____________________________________________________________
Street Address:_____________________________________________________________________
City: __________________ State: ______ Zip: _____________________________________________
Phone Number (If different from above): ________________________________________________
Estimated Number of Drinking Fountains: ________________________________________________

Building 20 Information
Building Name/Description: ____________________________________________________________
Street Address:_____________________________________________________________________
City: __________________ State: ______ Zip: _____________________________________________
Phone Number (If different from above): ________________________________________________
Estimated Number of Drinking Fountains: ________________________________________________

5) Does your school/facility share the space that it occupies with another school?
   ○ Yes
   ○ No
   ○ Unsure

5a) Host School/Facility Information
   Name of Host facility that your school is located within: _________________________________
   Host School Contact Person’s Name: _________________________________________________
   Contact Person’s Phone Number: _____________________________________________________
   Contact Person’s Email Address: _____________________________________________________

6) How many students are currently enrolled in your school? ________________

7) What time does your school typically open each day? (For any purposes, including athletic practices, administrative report time, etc.)
   Monday: ____________________________
   Tuesday: ____________________________
   Wednesday: _________________________
   Thursday: __________________________
   Friday: _____________________________

8) What are the start and end dates for your school calendar?
   End Spring 2017: ________________________________
   Start Summer 2017 (If applicable): ________________________________
   End Summer 2017 (If applicable): ________________________________
   Start Fall 2017: _____________________________________________
9) Are building blueprints available?

☐ Yes
☐ No
☐ Unsure

Thank You!

Thank you for taking the Lead Sampling Program's Questionnaire. For more information, please visit: http://www.in.gov/ifa/2958.htm. If you have any questions about the Indiana Finance Authority's Lead Sampling Program, please contact Staci Orr at (317) 232-8623 or IFALead@ifa.in.gov.