

## MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION SCHOOL DRINKING WATER TRAINING PROGRAM



## INDIVIDUAL FIXTURE INFORMATION WORKSHEET

SCHOOL BUILDING NAME:			DATE:
FIXTURE TYPE:  Bubbler  Nurse's sink  Other	Drinking fountain  Ice machine	_	ssroom faucet
FIXTURE ID NUMBER	SAMPLING SEQ #	AERATOR/SCREEN?	CONNECTING PLUMBING
		YES NONE	☐ Brass connection       ☐ Brass fittings         ☐ Brass valves       ☐ Brass T         ☐ Stainless       ☐ Plastic
PHOTO NUMBER(S)		FILTER?  YES  NONE	Nylon / PEX Copper with lead solder Copper with 95/5 solder Inaccessible/Not marked
BRAND/MODEL NUMBER IF KNOWN Inaccessible or not marked		OTHER INFO  Motion activated Leaking/dripping Wear/discoloration Discolored water Cold runs hot Not working Do not label the tap for sampling.	NOTES (when the fixture was installed/replaced, etc.)

Use this form to document information about an individual drinking or food preparation fixture. Use one sheet per fixture. This information may be used along with the *School Building Plumbing Profile* document when conducting a plumbing assessment and should be updated as maintenance/repairs/replacements are made to this fixture. This information is valuable in reducing the risk of lead in drinking water and routine maintenance programs such as aerator cleaning/replacement and water system flushing.

It is recommended to attach or affix a label (sticker) at the fixture or under the sink with the fixture ID number or sampling sequence number.