



**HARVARD
T.H. CHAN**

SCHOOL OF PUBLIC HEALTH

Prevention Research Center
on Nutrition and Physical Activity



WATER ACCESS SCAN TOOL

Assess the availability of water fountains, water coolers, hydration stations and other sources of free water

General Information:

Unique School ID #: _____

School District: _____

School Name: _____

Building ID# (if school contains multiple buildings): _____

Date and Time: _____

Name of Auditor: _____

Is lunch in session during walk-through? _____

Is school in session during walk-through? _____

Number of Floors: _____

Number of cafeterias: _____

Number of gyms: _____

Number of outdoor play areas: _____



INSTRUCTIONS FOR WATER ACCESS SCAN: This section of the tool will assess the availability of water fountains, water coolers, hydration stations and other sources of free water. In order to capture all water sources, walk down each hallway of the school and visit the cafeteria and gymnasium. For each source, record as a new numbered source in the data collection table on the next page

- **Location in building:** Describe the floor number you found the water access point, the nearest room number, and any other notes to identify precisely the location in the building, i.e. so that another visitor to the school would be able to find the access point based on your information.
- **Setting:** check whether the water access point is found in a cafeteria, outside the cafeteria, gym, hallway, outdoor play area, outdoor sport area, outdoor other area, teacher break/work room, outside a bathroom, or a classroom (and room # if applicable).
- **Water Source Type:** Describe the type of water source: no water source, a water fountain, water cooler, large insulated container, water station, un-insulated pitcher or jug, individual bottled water, water filter, or other (describe). See appendix for pictures of different types of water sources.
- **Water Availability Status:** Check “yes” if water is available at this source (i.e. water comes out of the dispenser and is drinkable), “no” if no water is available. If you check “no,” describe why not (i.e. a jug is empty, dispenser is broken, water is turned off).
- **Time to fill 9 oz cup:** Use a stopwatch to measure how long it takes to fill a 9 oz cup for each dispenser.
- **Temperature:** Use digital thermometer to measure temperature in degrees Fahrenheit (using the sample you poured to measure time to fill 9 oz cup).
- **Appearance:** Check whether the water source appears clean or dirty. Describe the appearance if dirty (i.e. rust, debris, mold, gum, trash).
- **Notes:** put any other general notes about the water source here.
- **Photo:** A photo should be taken of each water source. Label each photo by including a post-it note the lists the name of the school, the date and the number (from the data collection form) of the access point

Number of water sources per school could range from about 6-30 sources, with about 3-4 minutes per source. Total time per school: 20 minutes – 2 hours.

#	LOCATION IN BUILDING	Setting	Water Source Type	Is water available at this source?		Time to fill 9 oz cup	Temperature of water (F)	Appearance of Water Source (note debris, rust, gum, mold etc)		Was a photo taken?		NOTES (e.g. note if cups are available and size of cup)	Was this water source tagged for sampling?	
				<input type="checkbox"/>	Yes <input type="checkbox"/> No			<input type="checkbox"/>	Clean <input type="checkbox"/> Dirty	<input type="checkbox"/>	Yes <input type="checkbox"/> No		<input type="checkbox"/>	Yes <input type="checkbox"/> No
1	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		hallway	D) Large insulated container											
		outdoor play area	E) Water station											
		outdoor sport area	F) Un-insulated pitcher or jug											
		outdoor, other area	G) Individual bottled water											
		teacher break/work room	H) Water Filter											
		adjacent to bathroom	I) Sink (type: _____)											
		bathroom	J) Other _____											
		classroom (room #: _____)												
2	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		hallway	D) Large insulated container											
		outdoor play area	E) Water station											
		outdoor sport area	F) Un-insulated pitcher or jug											
		outdoor, other area	G) Individual bottled water											
		teacher break/work room	H) Water Filter											
		adjacent to bathroom	I) Sink (type: _____)											
		bathroom	J) Other _____											
		classroom (room #: _____)												
3	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		hallway	D) Large insulated container											
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		teacher break/work room	H) Water Filter											
		adjacent to bathroom	I) Sink (type: _____)											
		bathroom	J) Other _____											
		classroom (room #: _____)												

#	LOCATION IN BUILDING	Setting	Water Source Type	Is water available at this source?		Time to fill 9 oz cup	Temperature of water (F)	Appearance of Water Source (note debris, rust, gum, mold etc)		Was a photo taken?		NOTES (e.g. note if cups are available and size of cup)	Was this water source tagged for sampling?	
				<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
4	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
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		bathroom	J) Other _____											
classroom (room #: _____)														
5	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		hallway	D) Large insulated container											
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		bathroom	J) Other _____											
classroom (room #: _____)														
6	Floor number: _____ Nearest room number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		gym	C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
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classroom (room #: _____)														

#	LOCATION IN BUILDING	Setting	Water Source Type	Is water available at this source?		Time to fill 9 oz cup	Temperature of water (F)	Appearance of Water Source (note debris, rust, gum, mold etc)		Was a photo taken?	NOTES (e.g. note if cups are available and size of cup)	Was this water source tagged for sampling?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain					<input type="checkbox"/> Dirty					
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler					Notes on appearance:					
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container										
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station										
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug										
		<input type="checkbox"/> outdoor, other area	<input type="checkbox"/> G) Individual bottled water										
		<input type="checkbox"/> teacher break/work room	<input type="checkbox"/> H) Water Filter										
		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)										
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____										
<input type="checkbox"/> classroom (room #: _____)													
8	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain					<input type="checkbox"/> Dirty					
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler					Notes on appearance:					
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container										
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station										
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug										
		<input type="checkbox"/> outdoor, other area	<input type="checkbox"/> G) Individual bottled water										
		<input type="checkbox"/> teacher break/work room	<input type="checkbox"/> H) Water Filter										
		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)										
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____										
<input type="checkbox"/> classroom (room #: _____)													
9	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain					<input type="checkbox"/> Dirty					
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler					Notes on appearance:					
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container										
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station										
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug										
		<input type="checkbox"/> outdoor, other area	<input type="checkbox"/> G) Individual bottled water										
		<input type="checkbox"/> teacher break/work room	<input type="checkbox"/> H) Water Filter										
		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)										
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____										
<input type="checkbox"/> classroom (room #: _____)													

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				<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
10	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container											
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station											
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug											
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		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)											
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____											
<input type="checkbox"/> classroom (room #: _____)														
11	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container											
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station											
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug											
		<input type="checkbox"/> outdoor, other area	<input type="checkbox"/> G) Individual bottled water											
		<input type="checkbox"/> teacher break/work room	<input type="checkbox"/> H) Water Filter											
		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)											
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____											
<input type="checkbox"/> classroom (room #: _____)														
12	Floor number: _____ Nearest room number: _____	<input type="checkbox"/> cafeteria (# _____)	<input type="checkbox"/> A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		<input type="checkbox"/> outside, but near cafeteria	<input type="checkbox"/> B) Water fountain	<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		<input type="checkbox"/> gym	<input type="checkbox"/> C) Water cooler	If No, Why? (ie: empty, broken)				Notes on appearance:						
		<input type="checkbox"/> hallway	<input type="checkbox"/> D) Large insulated container											
		<input type="checkbox"/> outdoor play area	<input type="checkbox"/> E) Water station											
		<input type="checkbox"/> outdoor sport area	<input type="checkbox"/> F) Un-insulated pitcher or jug											
		<input type="checkbox"/> outdoor, other area	<input type="checkbox"/> G) Individual bottled water											
		<input type="checkbox"/> teacher break/work room	<input type="checkbox"/> H) Water Filter											
		<input type="checkbox"/> adjacent to bathroom	<input type="checkbox"/> I) Sink (type: _____)											
		<input type="checkbox"/> bathroom	<input type="checkbox"/> J) Other _____											
<input type="checkbox"/> classroom (room #: _____)														

EXTRA SHEETS

#	LOCATION IN BUILDING	Setting	Water Source Type	Is water available at this source?	Time to fill 9 oz cup	Temperature of water (F)	Appearance of Water Source (note debris, rust, gum, mold etc)	Was a photo taken?	NOTES (e.g. note if cups are available and size of cup)	Was this water source tagged for sampling?
	Floor number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/> Yes			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/> No			<input type="checkbox"/> Dirty	<input type="checkbox"/> No		
		gym	C) Water cooler	If No, Why? (ie: empty, broken)			Notes on appearance:			
		hallway	D) Large insulated container							
	Nearest room number: _____	outdoor play area	E) Water station							
		outdoor sport area	F) Un-insulated pitcher or jug							
		outdoor, other area	G) Individual bottled water							
		teacher break/work room	H) Water Filter							
		adjacent to bathroom	I) Sink (type: _____)							
		bathroom	J) Other _____							
		classroom (room #: _____)								
	Floor number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/> Yes			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/> No			<input type="checkbox"/> Dirty	<input type="checkbox"/> No		
		gym	C) Water cooler	If No, Why? (ie: empty, broken)			Notes on appearance:			
		hallway	D) Large insulated container							
	Nearest room number: _____	outdoor play area	E) Water station							
		outdoor sport area	F) Un-insulated pitcher or jug							
		outdoor, other area	G) Individual bottled water							
		teacher break/work room	H) Water Filter							
		adjacent to bathroom	I) Sink (type: _____)							
		bathroom	J) Other _____							
		classroom (room #: _____)								
	Floor number: _____	cafeteria (# _____)	A) Pipes, but no fixture	<input type="checkbox"/> Yes			<input type="checkbox"/> Clean	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No
		outside, but near cafeteria	B) Water fountain	<input type="checkbox"/> No			<input type="checkbox"/> Dirty	<input type="checkbox"/> No		
		gym	C) Water cooler	If No, Why? (ie: empty, broken)			Notes on appearance:			
		hallway	D) Large insulated container							
	Nearest room number: _____	outdoor play area	E) Water station							
		outdoor sport area	F) Un-insulated pitcher or jug							
		outdoor, other area	G) Individual bottled water							
		teacher break/work room	H) Water Filter							
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				<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Floor number: _____ Nearest room number: _____	cafeteria (# _____)	outside, but near cafeteria	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes							
			B) Water fountain												<input type="checkbox"/>	No	Notes on appearance:	<input type="checkbox"/>	No	<input type="checkbox"/>	No
			C) Water cooler																		
			D) Large insulated container																		
			E) Water station																		
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Floor number: _____ Nearest room number: _____	cafeteria (# _____)	outside, but near cafeteria	A) Pipes, but no fixture	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes							
			B) Water fountain												<input type="checkbox"/>	No	Notes on appearance:	<input type="checkbox"/>	No	<input type="checkbox"/>	No
			C) Water cooler																		
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			I) Sink (type: _____)																		
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gym																					
hallway																					
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				<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor number: _____ Nearest room number: _____	cafeteria (# _____)	outside, but near cafeteria	A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			Notes on appearance:	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			gym											C) Water cooler
			hallway											D) Large insulated container
			outdoor play area											E) Water station
			outdoor sport area											F) Un-insulated pitcher or jug
			outdoor, other area											G) Individual bottled water
			teacher break/work room											H) Water Filter
			adjacent to bathroom											I) Sink (type: _____)
			bathroom											J) Other _____
			classroom (room #: _____)											
Floor number: _____ Nearest room number: _____	cafeteria (# _____)	outside, but near cafeteria	A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			Notes on appearance:	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			gym											C) Water cooler
			hallway											D) Large insulated container
			outdoor play area											E) Water station
			outdoor sport area											F) Un-insulated pitcher or jug
			outdoor, other area											G) Individual bottled water
			teacher break/work room											H) Water Filter
			adjacent to bathroom											I) Sink (type: _____)
			bathroom											J) Other _____
			classroom (room #: _____)											
Floor number: _____ Nearest room number: _____	cafeteria (# _____)	outside, but near cafeteria	A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No			Notes on appearance:	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			gym											C) Water cooler
			hallway											D) Large insulated container
			outdoor play area											E) Water station
			outdoor sport area											F) Un-insulated pitcher or jug
			outdoor, other area											G) Individual bottled water
			teacher break/work room											H) Water Filter
			adjacent to bathroom											I) Sink (type: _____)
			bathroom											J) Other _____
			classroom (room #: _____)											

#	LOCATION IN BUILDING	Setting	Water Source Type	Is water available at this source?		Time to fill 9 oz cup	Temperature of water (F)	Appearance of Water Source (note debris, rust, gum, mold etc)		Was a photo taken?		NOTES (e.g. note if cups are available and size of cup)	Was this water source tagged for sampling?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor number: _____ Nearest room number: _____	cafeteria (# _____) outside, but near cafeteria gym hallway outdoor play area outdoor sport area outdoor, other area teacher break/work room adjacent to bathroom bathroom classroom (room #: _____)	A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		B) Water fountain		<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		C) Water cooler		Notes on appearance:										
		D) Large insulated container												
		E) Water station												
		F) Un-insulated pitcher or jug												
		G) Individual bottled water												
		H) Water Filter												
		I) Sink (type: _____)												
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Floor number: _____ Nearest room number: _____	cafeteria (# _____) outside, but near cafeteria gym hallway outdoor play area outdoor sport area outdoor, other area teacher break/work room adjacent to bathroom bathroom classroom (room #: _____)	A) Pipes, but no fixture	If No, Why? (ie: empty, broken)	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		B) Water fountain		<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		C) Water cooler		Notes on appearance:										
		D) Large insulated container												
		E) Water station												
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		B) Water fountain		<input type="checkbox"/>	No			<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		C) Water cooler		Notes on appearance:										
		D) Large insulated container												
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				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Floor number: _____ Nearest room number: _____	cafeteria (# _____) outside, but near cafeteria gym hallway outdoor play area outdoor sport area outdoor, other area teacher break/work room adjacent to bathroom bathroom classroom (room #: _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes	If No, Why? (ie: empty, broken)			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		B) Water fountain	<input type="checkbox"/>	No				<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		C) Water cooler						Notes on appearance:						
		D) Large insulated container												
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		B) Water fountain	<input type="checkbox"/>	No				<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
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				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Floor number: _____ Nearest room number: _____	cafeteria (# _____) outside, but near cafeteria gym hallway outdoor play area outdoor sport area outdoor, other area teacher break/work room adjacent to bathroom bathroom classroom (room #: _____)	A) Pipes, but no fixture	<input type="checkbox"/>	Yes	If No, Why? (ie: empty, broken)			<input type="checkbox"/>	Clean	<input type="checkbox"/>	Yes		<input type="checkbox"/>	Yes
		B) Water fountain	<input type="checkbox"/>	No				<input type="checkbox"/>	Dirty	<input type="checkbox"/>	No		<input type="checkbox"/>	No
		C) Water cooler						Notes on appearance:						
		D) Large insulated container												
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				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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