Checklist of E/OHS Activities for Lead-in-Water Management

Program Contact Person: Barry Gappa

Is the Lead-in-Water Management Plan in place? *Yes No*

Is the Plan current?  *Yes No*

Has the Plan been reviewed this school year? *Yes No*

This school completed testing of water supply taps \_\_\_\_\_\_\_\_\_\_.

 *(date)*

Is a map of all potable water taps available for review? *Yes No N/A*

Checklist of E/OHS Activities for Lead-in-Paint Management

Program Contact Person: Barry Gappa

Is the Lead-in-Paint Management Plan in place? *Yes No*

Is the Plan current?  *Yes No*

Has the Plan been reviewed this school year? *Yes No*

Testing for lead in paint on playground equipment: Note: All playground equipment has been replaced with lead free.

 *Date completed: N/A*

 *Yet to be tested: N/A*

Results of evaluation for paint condition in rooms K-1:

*Building constructed post-1978; facility not applicable*

Building constructed prior to 1978; paint determined to be in \_\_\_N/A\_\_\_\_\_\_\_\_\_\_\_ condition