

**OCFS Lead Testing in Drinking Water Program  
Fixture Manifest Instruction Page**

**Directions:** Complete this fixture manifest for all water outlets in your facility that could reasonably be for drinking and cooking. Submit your completed fixture manifest and any photographs to OCFS at: [ocfs.sm.watertest@ocfs.ny.gov](mailto:ocfs.sm.watertest@ocfs.ny.gov). Please send photographs labeled with your OCFS license number.

Once you've submitted the manifest, your sample containers will be pre-labeled by the laboratory in a systematic manner based on your answers in this fixture manifest. Each water outlet will receive two sampling containers, one for 1<sup>st</sup> draw and one for the 2<sup>nd</sup> draw (flush). The containers will be mailed to you from the laboratory, New York Environmental. **Keep your identifiers as systematic as possible.**

If desired, abbreviations can be used as follows for the manifest: CL=Classroom, HW=Handwashing, FP=Food Prep, KIT=Kitchen, BR= Bathroom, LR=Living Room, G=Garage,

The Follow-Up column will be used for an additional sampling event, if required and requested.

(Key: Y for Yes, N for No)

**Table I. Example Fixture Manifest to submit**

First Draw/ 2 <sup>nd</sup> Draw (Flush) Samples (Complete these columns for the first request)									Follow-Up
Functional Space	Outlet Type	In Use?	Are there any leaks?	Is there an aerator (screen)?	Is there a water filter?	Hot/Cold? (H/C) With single handle or two? (S/T)	Photograph Taken? (optional)	Comments:	Follow-Up Requested (Check)
<i>Kitchen</i>	<i>Sink Faucet</i>	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	<i>H/C-S</i>	<i>N</i>		
<i>Kitchen</i>	<i>Sink Sprayer</i>	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	<i>C-S</i>	<i>N</i>		
<i>Bathroom in Classroom 1</i>	<i>Left Sink Faucet</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>C-T</i>	<i>Y</i>	<i>Sink drips when shut off</i>	
<i>Bathroom in Classroom 1</i>	<i>Right Sink Faucet</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>C-T</i>	<i>Y</i>		
<i>Classroom 1</i>	<i>Sink Faucet</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>H/C-S</i>	<i>N</i>		
<i>Basement Bathroom</i>	<i>Sink Faucet</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>H/C-S</i>	<i>N</i>		

Note: Any corrections or revisions can be made by single line strikethrough the original entry, and a legible correction made with a date of the revision and the initials of the individual making the change.

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Fixture Manifest Provider Page**

<b>Program Name:</b>			
<b>OCFS license number:</b>		<b>Modality</b>	
<b>Number of Children in Care:</b>			

Functional Space	Outlet Type	In Use?	Are there any leaks?	Is there an aerator (screen)?	Is there a water filter?	Hot/Cold? (H/C) w/ single handle or two? (S/T)	Photograph Taken? (optional)	Comments:	Follow-Up Requested (Check)
								Comments:	Follow-Up Requested

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