

Reporting.leadschoolwater@maryland.gov

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III. CERTIFICATION:

I certify that (check items completed):

- ☐ All drinking water outlets as defined in [COMAR 26.16.07.03\(B\)\(6\)](#) located in the school building(s) where a student or staff member has or may have access to were sampled according to [COMAR 26.16.07.07](#).
Total # drinking water outlets: _____ Total # of 1st-draw lead samples collected: _____
- ☐ A Floor Plan identifying all drinking water outlets and all schools buildings has been submitted to MDE (previously or attached).
- ☐ Each first-draw sample has been collected while school was in session during the regular school year.
- ☐ Each person who collected lead samples has been properly instructed in the approved methods for collecting lead samples according to [COMAR 26.16.07.07](#).
- ☐ Each sample collected was analyzed by a [laboratory certified by MDE for lead analysis](#).
- ☐ All lead sample results were reported electronically to MDE using the State [Laboratory Results Reporting Form](#) or using an alternate electronic method approved by MDE.
- ☐ The State [Sample Collection Form\(s\)](#) were completed and submitted to MDE.

Name of Designated Responsible Person (Printed)

Date

Signature

Title

Email

Phone Number