School and Educational Facility Mercury Survey

(Questions adapted from the “Green and Healthy Schools” criteria)

It is the intention of the Mercury Minimization Program to encourage implementation of mercury Best Management Practices (BMPs). Check the applicable box if a BMP had been implemented or scheduled and the corresponding date it was implemented or scheduled to start.

|  |  |
| --- | --- |
|  | Complete |
|  | Yes | No |
| Has school completed a mercury products inventory for the facility? |  |  |
| Does your school have an action plan to eliminate mercury containing items that were found as a result of the inventory? |  |  |
| Has all the elemental mercury been eliminated from classrooms at your facility? |  |  |
| Have all mercury lab thermometers been eliminated from classrooms? |  |  |
| Have all mercury lab barometers been eliminated from classrooms? |  |  |
| Are any mercury containing compounds present at your facility? |  |  |
| Have all fever thermometers been eliminated from the nurse’s office? |  |  |
| Is there a mercury spill kit and staff trained to use it? |  |  |

Name, email address and phone # of facility contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility Address Size of facility (No. of students, employees)

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Return completed survey to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_