



**Section 2: School/Day Nursery Operator Information** (if different than Section 1)

Legal Name of School/Day Nursery Operator (i.e. school board/private school or individual/corporation who holds the licence for the day nursery)

Operator Contact Name

Unit No.	Street No.	Street Name		PO Box
Rural Route		Lot/Part/Block/Section		Concession/Plan
City/Town/Municipality			Province	Postal Code
Business Telephone No. (including area code)		Ext.	Fax No. (including area code)	
Email Address				

**Section 3: Co-location Information** (if applicable)**“Co-located Facilities”:**

Facilities are “co-located” if more than one school, private school, or day nursery is served by the same plumbing. The facilities may be either located in one building (structure) or located in different buildings within one property.

My School/ Private School/ Day Nursery is co-located with another O. Reg. 243/07 facility, as listed below.

Facility Name	Facility DWIS #	Check below if applicable
		<input type="checkbox"/> Yes, we are sharing lead sample results
Facility Name (if more than one)	Facility DWIS #	
		<input type="checkbox"/> Yes, we are sharing lead sample results
Facility Name (if more than two)	Facility DWIS #	
		<input type="checkbox"/> Yes, we are sharing lead sample results

If more facilities are co-located with your School /Day Nursery, please fill out as many Section 3 of the form as needed and attach additional sheets.

## Section 4: Identification of Licensed Laboratory and Lead Testing

Subsection 5 (5) of O. Reg. 243/07 requires the identification of any contracted licensed laboratory(s) hired to perform lead testing.

The listing of licensed laboratories can be found on: <http://www.ontario.ca/drinkingwater/271380.pdf>

Please check one of the following:

- The facility (identified in section 1) will be sampling as required by O.Reg.243/07 and will be using the laboratory identified below for lead testing
- The facility (identified in section 1) will be sampling as required by O.Reg.243/07 and will be sharing samples with the co-located facility/facilities as indicated in section 3 of this form and will be using the laboratory identified below for lead testing
- The facility (identified in section 1) does not perform its own sampling because it is sharing sample results with the co-located facility indicated in section 3 of this form.

Failure to notify the parties in accordance with the Regulation and/or submission of false information constitutes an offence.

### Name/Contact Information of Licensed Laboratory Performing Lead Testing

(Your licensed laboratory can assist with completing this section of the form)

Laboratory Name			Licence Number	
Unit No.	Street No.	Street Name		PO Box
City/Town/Municipality			Province	Postal Code

Please specify additional testing identified in MOE (Certificate of Approval, Order or Direction)

I declare that the information provided on this form is accurate.

Prepared by		
Last Name	First Name	Middle Initial
Signature	Date (yyyy/mm/dd)	Telephone No. (including area code)

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