**Bathing Water**

Environmental Sample Collection Form

**Sample ID Collection Date Collection Time**

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

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\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

**Neighborhood**

🞎 11. A

🞎 22. B

🞎 33. C

🞎 44. D

🞎 55. E

**Weather Condition (select one) Did it rain in this neighborhood yesterday?**

🞎 Sunny 🞎 Cloudy 🞎 Yes

🞎 Raining 🞎 No

**Colorimeter ID**

**Total Chlorine Residual Reading**

**Free Chlorine Residual Reading (< 100) (< 100, > free chlorine reading)**

**Source Type of Bathing Water (select one; if other, please explain)**

🞎 Tube Well/Borehole

🞎 Hand-Dug Well

🞎 Piped Water

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this water stored in a container? If yes, is the container covered?**

🞎 Yes 🞎 Yes

🞎 No 🞎 No

**Enumerator Name**

**Notes**

**Did you take a photo?**

🞎 Yes

🞎 No