

Drinking Fountain Discovery Sheet



Company name Address		Contact name /title Phone		Date
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STRATEGIC

How many people work at this location?	
Do you have any other locations or plan to grow?	
Do you have any Green initiatives?	
Have you previously considered improving the employee drinking water situation?	

PROCESS

What is the decision-making process?	
Who else, other than yourself, will be involved? Do you sign the paperwork?	

SPECIFIC

Why do you use fountains? (location/cups/convenience)		What do you do for hot water? Do you have any tea drinkers?	
How do you feel about the water quality coming from the fountain?		If you were to consider changing, which is most important to you?	
Do you personally drink from the fountain?		1- Improved taste/smell 2-Health concerns	
How would you rate the water on a scale of 1-10?		3-Safety 4-Go Green Initiatives	
Do you notice people bringing water from home?		Would you consider a sparkling water option?	
Is bottled water available for purchase?		Do you have an ice machine?	
Do your clients /customers / students use the tap water?			
Are you aware of the bacteria/ chemicals/toxins in the water ?			

COVID PROTOCOL

What is done to sanitize, especially post-COVID?	
Have you seen the most recent CDC recommendations with regards to offering safe drinking water options to employees?	

SET TRIAL

Trial Date:	
Facilities Contact:	Phone/email: