**Space Survey for Employers with Multiple Sites**

Although your policy covers all sites, this optional tool is meant to help you assess each of your locations to meet their individual needs.

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| **Location Name and Address** | **Contact Person** | **Do you have a private, comfortable space for breast-feeding /pumping at your location? Please describe.** | **What works well regarding your lactation space?** | **What does not work well regarding the space?** | **What ideas do you have for improvement?** | **Is this space used for employees, the public or both?** |
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