

BUREAU OF ENVIRONMENTAL HEALTH AND SERVICE STANDARDS
 Environmental Investigation for Lead Hazards

PATIENT'S NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____

DATE: _____
 INSPECTOR(S): _____
 MOTHER'S NAME: _____
 SIBLING(S): _____

General Information

1. Where do you think the child is exposed to the lead hazard? _____

2. Do you rent or own your home? Rent Own (Circle)
 If renting, are there rent subsidies? Yes No (Circle)
 If yes, what type: (check) Public Housing Authority
 Section 8
 Federal rent subsidy
 Other (specify) _____

Landlord Information (or rent collector)

Name: _____
 Address: _____
 Phone: _____

3. How long has child lived at current address? 0 – 6 months _____? 7 months _____?
 Previous address (if less than 6 months at current address)

Dates of Residency	Address (include city and state)	Approximate age of dwelling	General condition of dwelling: Any remodeling or renovation? Any deteriorated paint?

4. Where is the child cared for? In its own home? Yes No
 If not at home, complete the following:

Type of care*	Location (include name of contract, address, and phone number)	Approximate # of hours per week	General condition of structure

*type of care would include preschool, day-care center, day-care home, or care provided by relative or friend

Lead-Based Paint and Lead-Contaminated Dust Hazards

- Approximately what year was this dwelling built? _____
 If unknown, was the dwelling built before 1950? _____
- Has this dwelling been tested for lead-based paint or lead- contaminated dust? Yes No
- Has there been any recent repainting, remodeling, renovation, window replacement, sanding, or scraping of painted surfaces inside or outside this dwelling unit? Yes No
 If yes, describe activities and duration of work in more detail _____

- If there flaking paint on a surface this child can reach to chew on in its sleeping area? _____

- Where does the child like to play or hide? (include rooms, closets, porches, outbuildings)

Areas where child likes to play	Is there peeling or chipping paint in this area

Water Lead Hazards

1. What is the source of drinking water for the family?
Municipal water Private well Other (specify) _____
2. From which faucet do you obtain drinking water? _____
3. Is tap water used to prepare infant formula, powdered milk, kool-aid, or juices for the children?
Yes No If yes, do you use hot or cold tap water _____
If no, where do you get the water from _____
4. Has the water ever been tested for lead? Yes No
If yes, where can the results be obtained? _____
5. Has new plumbing been installed within the last 5 years? Yes No
If yes, identify location(s) _____

Lead in Soil Hazards

1. Where outside does the child like to play or hide?
Adjacent to building? _____ Other _____
2. Is there loose or flaking paint in this area? Yes No
3. Is the dwelling located near a lead-producing industry (such as a battery plant, smelter, radiator, repair shop, electronic/soldering industry?) Yes No
If yes, describe _____
4. Is the dwelling located within 2 blocks of a freeway, heavily traveled street or road?
Yes No
5. Are nearby buildings in disrepair or being renovated, repainted or demolished?
Yes No
6. Is there deteriorated paint on outside fences, garages, play structures, railings, building siding, windows, trim, or mailboxes? Yes No
7. Has gasoline or other solvents ever been used to clean parts or disposed of at the property?
Yes No
8. Have you burned painted wood in a wood stove or fireplace? Yes No
If yes, have you emptied ashes onto the soil? Yes No If yes, where _____
9. Has the soil ever been tested for lead? Yes No If so where can this information be obtained? _____

Occupational/ Hobby Lead Hazards

1. Where do adult family members work? (include mother, father, older siblings, other adult household members)

Name	Place of Employment	Occupation or job title	Probable lead exposure (y/n)

2. Has anyone in the household removed paint or varnish while in the dwelling? Yes No
(includes paint removal from woodwork, furniture, cars bicycles, boats)

3. Has anyone in the household soldered electric parts while at home?
Yes No

Applied glaze to ceramic or pottery objects? Yes No

Worked with stained glass? Yes No

Used artist’s paints to paint pictures or jewelry? Yes No

4. Does anyone in the household reload bullets, target shoot, or hunt? Yes No

5. Does anyone in the household melt lead to make bullets or fishing sinkers? Yes No

Work in autobody repair at home or in the yard? Yes No

6. Are work clothes separated from other laundry? Yes No

Child Behavior Risk Factors

1. Does child suck his/her finger? Yes No

2. Does child put painted objects into the mouth? Yes No

3. Does child chew on painted surfaces, such as old painted cribs, window sills, furniture edges, railings, door molding, or broom handles? Yes No

4. Does child eat soil? Yes No

5. Does child make mud pies? Yes No

6. Does child put soft metal object in the mouth? Yes No
(these may include lead and pewter toys and toy soldiers, jewelry, gunshots, bullets, beads, fishing sinkers, or any items containing solder (electronics))

7. Does child chew or eat paint chips or pick at painted surfaces? Yes No
8. Does child put foreign or printed material (ex. Matches, newspaper, magazines) in the mouth? Yes No
9. Does the child play with cosmetics, hair preparations, or talcum or put them into the mouth?
Are any of these foreign made? Yes No
10. Does the child have a favorite cup? Yes No
If yes, are they handmade or ceramic? _____
11. Does the child have a dog, cat, or other pet that could track in contaminated soil or dust from the outside? Yes No
Where does the pet sleep? _____

If child is present, note extent of hand-to-mouth behavior observed.

____ Child is at risk due to hand-to-mouth behavior.

____ Child is at risk for mouthing probable lead-containing substance (specify) _____

Other Household Risk Factors

1. Does the family ever use any home remedies or herbal treatments? Yes No
If yes, what type? _____
2. Are any liquids stored in metal, pewter, or crystal containers? Yes No
3. What containers are used to prepare, serve, and store the child's food? Are any of them metal, soldered, or glazed? Does the family cook with a ceramic bean pot? Yes No

4. Does the family use imported canned items regularly? Yes No
5. Does the child play in, live in, or have access to any areas where the following materials are kept: shellacs, lacquers, dries, coloring pigments, epoxy resins, pipe sealants, putty, dyes, industrial crayons or markers, gasoline, paint, pesticides, fungicides, gasoline, gear oil, detergents, old batteries, battery casings, fishing sinkers, lead pellets, solder, or drapery weights? Yes No
6. Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? Yes No

Assessment for Likely Success of Hazard Control Measures

1. What cleaning equipment does the family have in the dwelling? (circle)

Broom Mop and bucket Vacuum

2. Are the floor coverings smooth and cleanable? Yes No

3. What type of floor coverings are found in the dwelling?

Vinyl/linoleum Carpeting Wood Other (specify) _____

4. Cleanliness of dwelling (pick the best category based on overall observations of cleanliness in dwelling)

(1) Appears clean _____

Non visible dust on must surfaces
Evidence of recent vacuuming of carpet
No matted or soiled carpeting
No debris or food particles scattered about
Few visible cobwebs
Clean kitchen floors
Clean door jambs

(2) Some evidence of housecleaning _____

Slight dust buildup in corners
Slight dust buildup on furniture
Slightly matted and/or soiled carpeting
Some debris or food particles scattered about
Some visible cobwebs
Slightly soiled kitchen floor
Slightly soiled doorjambs

(3) No evidence of housecleaning _____

Heavy dust buildup in corners
Heavy dust buildup on furniture
Matted and/or soiled carpeting
Debris or food particles scattered about
Visible cobwebs
Heavily soiled kitchen floor
Heavily soiled doorjambs