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North Carolina Department of Health and Human Services
Division of Public Health

LEAD-BASED PAINT INVESTIGATION

Name:_____ County:_____
(School, Proposed /Existing Child-Occupied Facility)

Street Address:_____

_____

Property Owner Name and Address:_____

_____

Age Building:_____ Condition:_____ Property Event ID #:_____
(if known)

XRF Make:_____ XRF Model:_____XRF Serial Number:_____Mode of Operation:_____

Calibration Check Test Results:

Reference Standard/NIST SRM Used:_____mg/cm² Calibration Check: Niton +/- 0.2 ☐ Heuresis 0.8 – 1.2 ☐

Calibration Check Number	Time	First Reading	Second Reading	Third Reading	Average	Difference Between Average & NIST/SRM (Niton Only)
1	a.m. p.m.					
2	a.m. p.m.					
3 (if required)	a.m. p.m.					
4 (if required)	a.m. p.m.					

Notes

☐ Sketch Attached

Investigation Team Members On-site:_____

_____

Purpose: To record X-Ray Fluorescence (XRF) analyses of lead in paint, or on lead-containing substances, and map the locations of XRF readings and environmental lead samples collected during a lead hazard investigation.

Preparation: To be completed by the lead investigation team during the environmental lead hazard investigation.

Distribution: Retain original at the local health department or NC Department of Health and Human Services. Submit a copy to the property owner(s) with the hazard notification letter.

Disposition: This form may be destroyed in accordance with Standard 5 of the Records Disposition Schedule published by the NC Division of Archives and History.

Additional forms may be ordered from: NC DHHS/Division of Public Health
Environmental Health Section
1632 Mail Service Center
Raleigh, NC 27699-1632
(919) 707-5854

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Interpretation: XRF readings of 1.0 mg/cm² or above indicate the presence of hazardous lead-based paint.

Sample Number	Location	Side*	Substrate	Condition †	Color	XRF Reading (mg/cm²) Check if Hazard	

* A, B, C, or D Side
† Intact (I), Peeling (P), Flaking (F), Chipping (C), Chalking (CK), Worn (W), or Subject to Abrasion (A)

Investigator Signature:____Date: __________________

DHHS 3279 (Revised 11/19) Environmental Health Services Section Review (7/03)

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Investigator Signature:_____ Date: _____

Sketch Sample Locations (Not to Scale)

Investigator Signature:_____Date: _____

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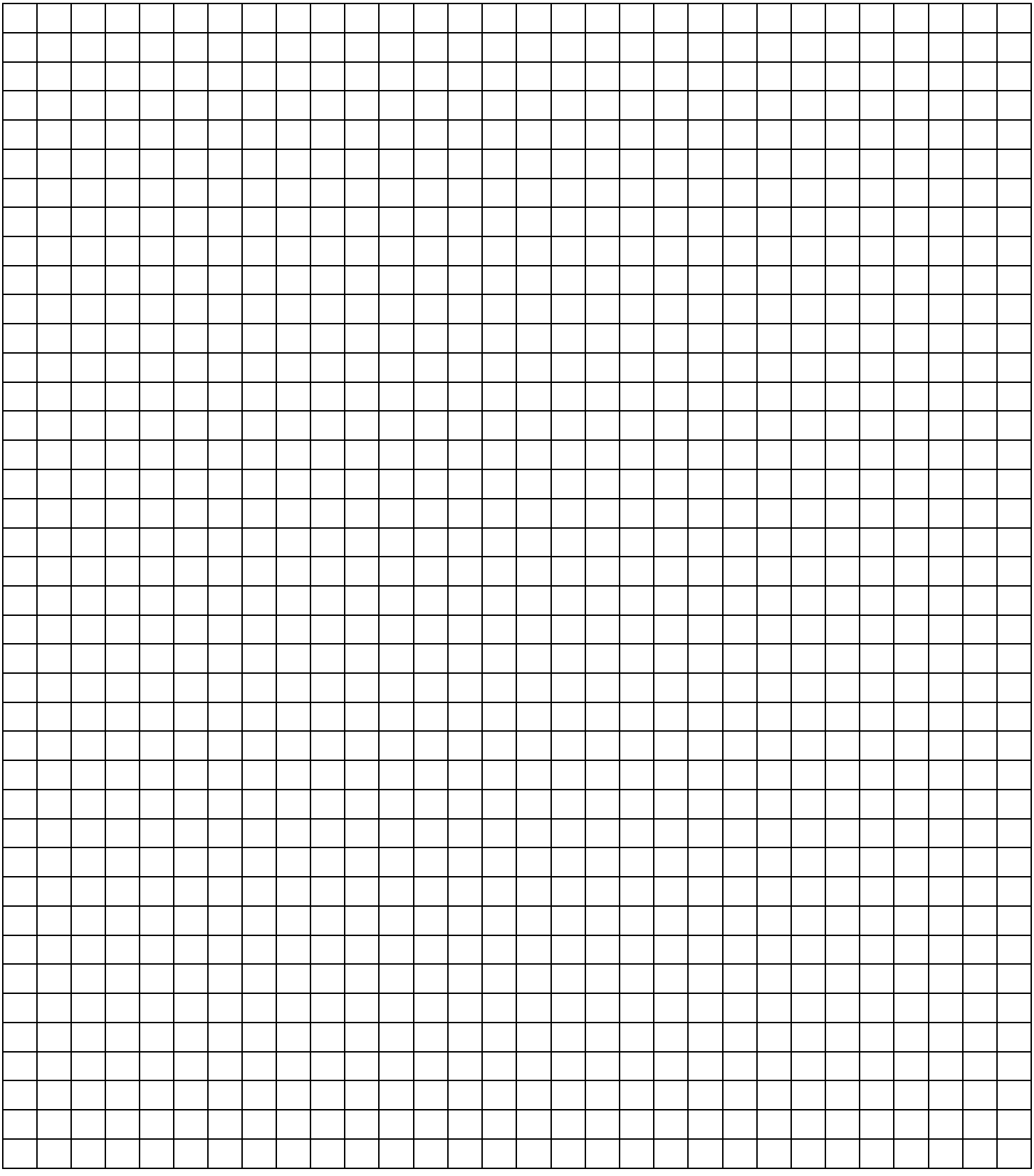
Sketch Sample Locations (Not to Scale)



Investigator Signature:_____ Date: _____