

ENVIRONMENTAL INVESTIGATION FOR LEAD HAZARDS

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Current Address: _____

County: _____ Length of residence at this address: _____

Contact person if Parent/Guardian cannot be reached: _____

Other children in household under six years old:

Name	Age/DOB	Tested Y/N	Elevated Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Risk Factors

Age of home _____

Currently formula fed Currently breastfed

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child plays in dirt |
| <input type="checkbox"/> | <input type="checkbox"/> | Child puts fingers in mouth |
| <input type="checkbox"/> | <input type="checkbox"/> | Child eats or chews paint, woodwork, furniture |
| <input type="checkbox"/> | <input type="checkbox"/> | Child chews toys, printed paper, electrical cords, or other non-food objects |
| <input type="checkbox"/> | <input type="checkbox"/> | Home has peeling paint or plaster |
| <input type="checkbox"/> | <input type="checkbox"/> | Home recently remodeled (last six months) |
| <input type="checkbox"/> | <input type="checkbox"/> | Batteries or other lead objects in child's reach |
| <input type="checkbox"/> | <input type="checkbox"/> | Painted boards, battery casings, etc. burned on site |
| <input type="checkbox"/> | <input type="checkbox"/> | Food prepared, served and/or stored in lead glazed ceramic ware |
| <input type="checkbox"/> | <input type="checkbox"/> | Imported herbs or spices used as supplements or medicines, in cooking or ceremonial activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents' work or hobby involves lead exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Child has access to vinyl mini-blinds |
| <input type="checkbox"/> | <input type="checkbox"/> | Child wears or plays with brass objects, keys, jewelry or cosmetics |

Water Sample: Collected: Yes No Scheduled: Yes No Date/Time: _____

Notes:

Investigator: _____ **Date:** _____

Lead Investigation Team:

Name	Title	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other places **regularly visited by child** (At least 2 days per week. Each day's visit lasts at least 3 hours and combined weekly visits last at least 6 hours. Combined annual visits last at least 60 hours.):

List any previous or supplemental addresses where the child may have been exposed to lead, in the 6 months prior to the date of confirmation of elevated blood lead level:

Occupant: _____ Relation to child: _____
Address: _____ Phone: _____
Age and description of building: _____
Exposure Hrs/Wk: _____ Investigated for lead? _____
Dates child lived at/or regularly visited this address: _____

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Address: _____ Phone: _____
Age and description of building: _____
Exposure Hrs/Wk: _____ Investigated for lead? _____
Dates child lived at/or regularly visited this address: _____

Purpose: An assessment tool to be used during the environmental investigation for childhood lead poisoning hazards.

Preparation: Fill in the blanks and check the appropriate answers.

Distribution: Retain original at local health department.

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

Additional forms may be ordered from: NC DHHS, Division of Public Health
Environmental Health Section
Children's Environmental Health Unit
1934 Mail Service Center
Raleigh, NC 27699-1934