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

ENVIRONMENTAL INVESTIGATION FOR LEAD HAZARDS

(Prenatal Form)

Name:			Phone:				
Current Address:							
Length	of resid	lence at this address:	Age of home				
Has a l	househol	ld member recently traveled/ lived outsic	le of the United S	tates?			
If yes, Name of the Country? Length of stay							
Pregna	ıncy due	date://					
Email	Address	:					
			Phone:				
List children in the household under six years old:							
Name			Age/DOB	Tested Y/N	Elevated Y/N		
					_		
					<u> </u>		
Water Sample: Collected: Yes □ No □ Scheduled: Yes □ No □ Date/Time:							
<u>Dietar</u>	y Histor	ry					
YES	<i>NO</i> □	Are you currently taking iron, calcium, or prenatal vitamins? If yes, how often? Are imported herbs or spices used as supplements, medicines in cooking or in ceremonial activities? How often? Last used?					
		How were they obtained/purchased?					
		How were they obtained/purchased?Are you currently breastfeeding? If yes, how often?					
If there is an infant in the household, is he/she: Currently formula fed? □ Currently breastfed?							
Investigator(s) Signature:							
Date_							
DITTE A	160D (D :	1.5/22)					

Risk F	actors			
YES	NO			
		Do you consume any imported candies that are made/processed in another country?		
		Do you consume any non-food items, clay (soil), paper, or paint? Item?		
		How often?		
		Do you use ceremonial powders or cosmetics? How are they used?		
		How often are they purchased?		
		Do you use hair coloring, dye, or traditional cosmetic products?		
		Do you prepare, store, or serve food in imported ceramic dishes, bakeware, or pottery?		
		How often are they used?		
		How were they obtained/purchased?		
		Do you store food in open cans? How often?		
		What types of foods?		
		Do you have a favorite cup, bowl, or dish?		
		Do you use any antique dishes to store food?		
		Do you store any edible items in mason jars (blue/green)?		
		Are there any areas of peeling paint or plaster inside or outside of your home?		
		Has there been any remodeling or renovations done in the past six months?		
		Interior? Exterior? Comments:		
		Do you have any vinyl miniblinds in your home? What rooms?		
		Do you recycle or store batteries? If yes, where?		
		Do you burn battery casings? If yes, where?		
		Do you burn any painted boards? If yes, what reason? Where?		
		Do you burn any other items, i.e., waste/garbage? If yes, where?		
	-	the household work in an occupation or industry where there could be potential lead es, please provide the information below.		
YES	NO			
		Remodeling/ Renovations		
		Painting		
		Mechanic/ Car Repair		
		Salvage (Battery or other)		
		Machine operations		
		Smelting		
		Other		
Comm	ents:			

please provide the information below. YES *NO* Hunting Firing Range/Target Shooting Making bullets Fishing or making weights Furniture repair/ refurbishing Pottery Stained glass work Jewelry making Indoor? □ Outdoor? □ How many? _____ Do you have pets? Where is their primary sleeping area? **Notes: Lead Investigation Team:** Name Title Department Purpose: An assessment tool to be used during the environmental investigation for 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. NC DHHS, Division of Public Health Additional forms may be ordered from: Environmental Health Section Children's Environmental Health Unit

1934 Mail Service Center Raleigh, NC 27699-1934

Does anyone in the household have a hobby or job that involves any of the following below? If yes,