

## 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:

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**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: \_\_\_\_\_

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: \_\_\_\_\_

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