

# CCA PRESSURE-TREATED WOOD FORM FOR CHILD CARE CENTERS

FACILITY NAME: \_\_\_\_\_ OPERATOR: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(House No.) (Street Name) (City) (Zip Code)

PERSON COMPLETING FORM: \_\_\_\_\_ TITLE: \_\_\_\_\_

## Please answer following questions

1. IS PRESSURE- TREATED NON-PAINTED WOOD PRESENT? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. IF YES, WAS WOOD INSTALLED BEFORE JANUARY 1, 2005? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. IF WOOD WAS INSTALLED BEFORE JANUARY 1, 2005:  
HAS IT BEEN SEALED IN THE PAST TWO YEARS WITH ACCEPTABLE SEALANT? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WAS BARE SOIL ACCESSIBLE UNDER THE WOOD? \_\_\_\_\_ YES \_\_\_\_\_ NO  
HAS THE BARE SOIL BEEN TREATED? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Complete this section if any pressure-treated, non-painted wood, installed prior to January 1, 2005, is present and has been treated or will require treatment. 15A NCAC 18A .2831 requires that wood, which may contain chromated copper arsenate (CCA), be treated with an approved sealant at least once every two years and that bare soil underneath such wood be made inaccessible to children.**

- Date exterior wood was last sealed/treated (if a range, give completion date) \_\_\_\_\_
- Wood components treated (list all): \_\_\_\_\_  
(\* if multiple components, list separately on attachment)
- Acceptable sealant type:
  - ( ) Oil-based, semi-transparent sealant
  - ( ) Oil-based clear stain
  - ( ) Water-based clear stain

## SOIL TREATMENT ACTIVITIES

If exterior wood was sealed, was bare soil accessible underneath? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, was soil treated? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, indicate treatment method:

- \_\_\_\_\_ Soil removed and replaced with new soil to a depth of at least 4 inches
- \_\_\_\_\_ Soil covered with at least 4 inches of fill material (specify type \_\_\_\_\_)
- \_\_\_\_\_ Soil made inaccessible (specify procedure on attachment)

\*\*\*\*\*

I certify that the information provided above is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM

Enter ALL requested information above, sign the document, keep a file copy, and return original to the local health department:

24