

800 NE Oregon Street, Suite 640
 Portland, OR 97232
 Voice (971) 673-0440
 FAX (971) 673-0457
www.healthoregon.org/lead

Elevated Blood Lead Initial Environmental Investigation Report

The results of this questionnaire will be used for three purposes: to determine whether environmental samples should be collected, to identify possible lead exposure source(s), and to develop measures to reduce exposure to lead hazards.

General Information	
Case Number	
Investigator(s)	
Investigator(s) Affiliation	
Investigator(s) Contact Information	
Investigation Completion Date	
Investigation Type	In-Person Phone
Name of Person(s) Interviewed	
Relationship to child (if individual is <18 years old)	Mother Father Grandparent Guardian Other (specify): _____
Interviewee(s) Phone Number	
Name of Interpreter (if any)	
Interpreter Contact Information	

I. Demographic Information		
First Name	Middle Name	Last Name
Date of Birth	Ethnicity	Race
	Hispanic Non-Hispanic	
Language	Recent Immigrant/ Adoptee/Refugee	If yes, when/from where?
	Yes No	
Is the child/family currently enrolled in any of the following programs?		
WIC	Head Start	Medicaid (If Yes, include ID)
Yes No	Yes No	No Yes ()
Other Household Members	Date of Birth	Tested for blood lead? If so, when?
Current Residence		
Street		
City/State/Zip		
<input type="checkbox"/>	Check box if the current residence is the same as the residence being investigated.	

II. Medical Information		
Date of Blood Test(s)	Result (ug/dL)	Test Type (Venous or Capillary)
		V C Unknown
		V C Unknown
		V C Unknown
Who asked to have the blood lead test?		
What was the reason for the blood lead test?		
Check any symptoms experienced		Notes related to symptoms
Tiredness/Fatigue	<input type="checkbox"/>	
Vomiting	<input type="checkbox"/>	
Stomach pain	<input type="checkbox"/>	
Constipation	<input type="checkbox"/>	
Sore or bleeding gums	<input type="checkbox"/>	
Other symptoms (specify)	<input type="checkbox"/>	
Physician Name:		
Physician Phone:		

III. Investigated Residence	
Address of residence being investigated if different from current residence	
Street	
City/State/Zip	
Dates Occupied	
If occupied for less than 6 months, previous addresses occupied	
Previous address 1	
Previous address 2	
Previous address 3	

Investigated Residence Type	Single-family	Duplex
	Multi-family	Manufactured home
	Other: _____	
Investigated Residence Ownership	Owner-occupied	Rented/Leased
	Public Housing	Section 8
	Other: _____	
If Rented/Leased		
Name of Property Owner		
Property Owner Contact Information		
Year Built		
If Year Built is before 1978, ask the next two questions		
Did you receive the pamphlet “Protect Your Family from Lead in Your Home” from your landlord or realtor/seller before moving in?	Yes	No Unk
Did you sign the associated disclosure form?	Yes	No Unk
Addresses of locations outside of residence where child regularly spends time		
Child Care Facility		
School		
Home of relative/friend		
Other:		

Lead-Based Paint and Lead-Contaminated Dust Hazards		
Has this dwelling been tested for lead-based paint or lead-contaminated dust?	Yes	No Unk
If yes, provide any details about testing. (By whom? When?)		
Have you noticed any paint that is cracking, peeling, flaking, chalking on the inside or outside of the home?	Yes	No Unk
If yes, provide any details about where.		
Has there been any repainting, remodeling, renovation, window replacement, sanding, or scraping of painted surfaces inside or outside the home in the past two years?	Yes	No Unk
If yes, ask the following questions		
What work was done?		
Who performed the work?		
Was the child present while work was being performed?	Yes	No Unk
Did you receive the pamphlet "Renovate Right" before any remodeling work done by the landlord, property management or contractor?	Yes	No Unk
Has any lead abatement work been conducted during the last two years?	Yes	No Unk
Is there any remodeling/landscaping work planned for the future?	Yes	No Unk
Where inside does the child like to play, hide or frequent? (Include rooms, closets, porches, outbuildings, under beds, etc.)?		

Lead in Soil Hazards	
Has the soil been tested for lead?	Yes No Unk
If yes, provide any details about testing. (By whom? When?)	
Do the children play/hide outside?	Yes No Unk
If yes, provide any details about where.	
Does the child play in bare soil areas?	Yes No Unk
If yes, provide any details about where.	
Does your family eat food grown in the yard?	Yes No Unk
If yes, provide any details about where.	
Are there visible paint chips near the house, fence, garage or play structures?	Yes No Unk
If yes, provide any details about where.	
Are nearby buildings or neighboring homes being renovated, repainted or demolished?	Yes No Unk
If yes, provide any details about where.	
Do you know of any factories, industrial plants, radiator repair shops or metal related industries near the home, child care or school?	Yes No Unk
If yes, provide any details about where.	

Water Lead Hazards		
Check the home's water supply		
		List provider name if known
City water	<input type="checkbox"/>	
Community water system	<input type="checkbox"/>	
Private well	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
Check the drinking water source(s)		
City water	<input type="checkbox"/>	
Community water system	<input type="checkbox"/>	
Private well	<input type="checkbox"/>	
Bottled water	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
Do you get drinking water from faucets in the residence?		Yes No
If yes, which faucets?		
Do you use water from faucets in the residence to prepare infant formula, powdered milk, or juices for the children?		Yes No
If yes, do you use hot or cold water?		
Does the home have lead pipes or copper pipes soldered with lead?		Yes No Unk
If yes, provide details.		
Has new plumbing/fixtures been installed within the last 5 years?		Yes No Unk
If yes, provide details.		
Has the water ever been tested for lead?		Yes No Unk
If yes, provide details (By whom? When?)		

III. Occupational/Hobby Lead Sources

What are the occupations of all adults/teenagers living in the household?		
Do any of these individuals wear their work clothes home?		Yes No Don't Know
If yes, are work clothes separated from other laundry?		Yes No Don't Know
Check hobbies that members of the household participated in within the last year		Examples of associated activities.
Hunting	<input type="checkbox"/>	Casting bullets, reloading ammunition
Fishing	<input type="checkbox"/>	Casting lead sinkers or jig heads
Target Shooting	<input type="checkbox"/>	Reloading ammunition, indoor firing ranges, visiting armories
Metal-related hobbies	<input type="checkbox"/>	Welding, soldering, scrapping, foundry, battery, plumbing, auto/boat refurbishing, radiator repair
Construction	<input type="checkbox"/>	Demolition, renovation
Painting	<input type="checkbox"/>	
Arts	<input type="checkbox"/>	Ceramics, pottery, jewelry, furniture refinishing, stained glass, fine art painting.
Other	<input type="checkbox"/>	
Do children have access to areas where hobby activities are performed?		Yes No Don't Know
If yes, explain where?		

IV. Other Household Lead Sources

Do you sometimes use natural medicines, supplements or traditional or home medicines prepared by a relative, herbalist or healer?	Yes No Don't Know
If yes, ask the following questions.	
What is the medicine called?	
<i>Common Hispanic remedies include: Greta, Azarcon, Liga, Maria Luisa, Coral Common Asian remedies include: Pay-loo-ah, Ghasard, Bali Goli, Kandu, Qian Dan, Huang Dan</i>	
What does the substance look like?	
What is it used to treat?	
How often is it given?	
When was the most recent treatment?	
Does anyone else in the family take the same medicine?	
Is a sample of the medicine available for testing?	
Does anyone in the home use imported* cosmetics like Kohl, Surma, or Ceruse	Yes No Don't Know
<i>*North African, Middle Eastern, Asian cosmetics. Note: Kohl may also be used by cultures-primarily North/East African-on infants for religious purposes.</i>	
Does your family use pottery or dishes from other countries to prepare, serve or store foods?	Yes No Don't Know
Does your family use metal (pewter), crystal, leaded glass, older family heirlooms or improperly glazed dishes/pottery to prepare, store or serve foods or beverages?	Yes No Don't Know
If yes, specify what is used and how it is used.	
Does your child have a favorite cup or eating utensil?	Yes No Don't Know
If yes, specify what it is and how it is used.	

Does your child eat candy imported from Mexico?	Yes	No	Don't Know
If yes, what kinds? How often?			
Are there any vinyl mini-blinds (non-glossy) purchased before 1997 in the home?	Yes	No	Don't Know
Do you have any painted or ceramic toys that are accessible to your child (e.g. antique or old painted boats, soldiers, dolls)?	Yes	No	Don't Know
Does your family have a cat, dog or other animal?	Yes	No	Don't Know
If yes, ask the following questions.			
Does the pet spend time both inside and outside the house?			
Where does the pet sleep?			
Have you or your family traveled out of the country in the past 6 months?	Yes	No	Don't Know
If yes, where? How long?			

V. Child Behavior Rick Factors

Does your child suck his/her thumb or fingers, or does your child bite their nails?	Yes	No	Don't Know
Does the child chew or put items such as toys in his/her mouth?	Yes	No	Don't Know
If yes, which items?			

VI. Observations and Follow-up Notes

Did you see any peeling, chipping, flaking or deteriorated paint?		Yes	No
If yes, where?			
Did you see visible dust in window wells? On window sills or floors?		Yes	No
If yes, where?			
Is there evidence of take-home-work occupational or hobby exposures in the dwelling?		Yes	No
If yes, where?			
Is there evidence that the child has access to pesticides, paint, old batteries, solder, drapery weights or household, lawn or garden chemicals?		Yes	No
If yes, where?			
Does the bathtub(s) have a nonexistent glaze or is it in a deteriorated condition?		Yes	No
If yes, explain.			
If the child was present during the interview/inspection, did he/she exhibit hand-to-mouth or pica activity?		Yes	No
What types of environmental samples were collected?	Notes about sampling location.		
Paint	<input type="checkbox"/>		
Dust	<input type="checkbox"/>		
Soil	<input type="checkbox"/>		
Water	<input type="checkbox"/>		

Is any additional follow-up needed?		Yes	No
If yes, explain.			
Is there any enforcement referrals needed?		Yes	No
If yes, explain.			
Referral agency			
Referral reason			
Do you believe this investigation successfully identified the source of lead exposure?		Yes	No
If yes, explain.			
Did you provide guidance to the family for limiting lead exposure?		Yes	No
If yes, explain.			