

Form 5.0 Questionnaire for a Lead Hazard Risk Assessment of an Individual Occupied Dwelling Unit. (Page 2 of 2)

Property address: _____ Apt. No. _____

Other Household Information and Family Use Patterns

5. Do women of child-bearing age live in the home? ☐ Yes ☐ No
6. If this home is in a building with other dwelling units, what common areas in the building are used by children?

N/A

7. (a) Which entrance is used most frequently?

FRONT

(b) What other entrances are used frequently?

BACK

8. Which windows are opened most frequently?

9. (a) Do you use window air conditioners? * ☒ Yes ☐ No (b) If yes, where?

KITCHEN

**Condensation underneath window air conditioners often causes paint deterioration.*

10. (a) Do you or any other household members garden? ☐ Yes ☒ No

(b) If yes, where is the garden?

11. (a) Are you planning any landscaping activities that will remove grass or ground covering? ☐ Yes ☒ No

(b) If yes, where?

12. (a) Which areas of the home get cleaned regularly?

KITCHEN, BATH

(b) Which areas of the home do not get cleaned regularly?

- OTHER
13. (a) Are any household members exposed to lead at work? ☐ Yes ☒ No

[If no, go to question 14.]

(b) If yes, are dirty work clothes brought home? ☐ Yes ☐ No

(c) If they are brought home, who handles the dirty work clothes and where they placed and cleaned?

14. (a) Do you have pets? ☐ Yes ☒ No

(b) If yes, do these pets go outdoors?

Building Renovations

15. (a) Were any building renovations or repainting done here during the past year? ☒ Yes ☐ No

(b) If yes, what work was done, and when?

PAINT

(c) Were carpets, furniture and/or family belongings present in the work areas? ☐ Yes ☐ No

(d) If yes, which items and where were they?

NO

(e) Was construction debris stored in the yard? ☐ Yes ☒ No

(f) If yes, please describe what, where and how was it stored.

16. (a) Are you conducting or planning any building renovations? ☒ Yes ☐ No

(b) If yes, what work will be done, and when?