

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

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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?
OTHER

8. Which windows are opened most frequently?
KITCHEN

9. (a) Do you use window air conditioners? * ☒ Yes ☐ No (b) If yes, where?
DINING, BED 1

*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?
REMOVE BUSHES, TREE TRIMMING

12. (a) Which areas of the home get cleaned regularly?
KITCHEN, BATH ROOM

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

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?

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

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

- (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?