

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?

7. (a) Which entrance is used most frequently?
Back
(b) What other entrances are used frequently?
FRONT
8. Which windows are opened most frequently?
KITCHEN, BATH, BED 2
9. (a) Do you use window air conditioners? ☒ Yes ☐ No (b) If yes, where?
- BED, 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?

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 are 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?
STAY OUTDOOR

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?
