

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

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(To be completed by risk assessor via interview with owner-occupant or, if a rental unit, an adult resident and, for questions 15 & 16, the owner.)

Property address: 601-C Mount Olive Rd.

Apt. No.: \_\_\_\_\_ Unit is: Owner occupied \_\_\_\_\_ Renter occupied \_\_\_\_\_

Year of construction: \_\_\_\_\_ Prior LBP testing? (Y or N) \_\_\_\_\_

Name of owner interviewed: LAWISHA SPIVEY Owner interview date: 5/2/22

Name of resident interviewed (if rental unit): \_\_\_\_\_ Interview date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of risk assessor: Elliott Rodgers

**Children and Children's Habits**

1. Do any children under age 6 live in the home or visit frequently? ☒ Yes ☐ No (If no children under age 6, skip to Question 5.)
2. If yes, how many? 1
3. Please provide the following information about each child under 6 to the extent you can.

	Child 1	Child 2	Child 3	Child 4
(a) Age:	<u>1</u>			
(b) Blood lead level:				
(c) Month/year of blood lead test:				
(d) Location of bedroom:	<u>BR1</u>			
(e) Main room where child eats:				
(f) Main room where child plays:				
(g) Main room where toys are stored:				
(h) Main locations where child plays outdoors:				

(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills?

☐ Yes ☒ No

(b) If yes, where? \_\_\_\_\_