

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

(Page 1 of 2)

(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: 305 N. Hickory St, Rowland NC

Apt. No.: _____ Unit is: Owner occupied ☒ Renter occupied _____

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

Name of owner interviewed: ALLEN JEAN LOVE Owner interview date: 5/5/22

Name of resident interviewed (if rental unit): _____ Interview date: 5/5/22

Name of risk assessor: F. Simoni

Children and Children's Habits

- 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.)
- If yes, how many? _____
- 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:				
(b) Blood lead level:				
(c) Month/year of blood lead test:				
(d) Location of bedroom:				
(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].)

- Do any children tend to chew on any painted surfaces, such as interior window sills?
☐ Yes ☐ No
 - If yes, where? _____