

EPIDEMIOLOGICAL INVESTIGATION FORM

Questionnaire for Investigation of Children with Elevated Blood Lead Levels

Environmental Investigation - General Information Demographics Question Package - Child (Maven)		
Date of Investigation: / /	Investigator's Name:	Health Department:
Name of Person Interviewed		Relationship to Child
Address of Dwelling	Street Address	Unit or Apt #
	City, State	Zip code
Is address in a high-risk area (i.e. Pre 1950 neighborhood of a city/older mill row housing in a rural town)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Approximately what year was this dwelling built? _____. If unknown, was the dwelling built before 1978? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dwelling Type	Single family <input type="checkbox"/> Multi-unit <input type="checkbox"/> Other _____ Unknown <input type="checkbox"/>	
Ownership Information	Do you rent or own your home? Rent <input type="checkbox"/> Own <input type="checkbox"/> If rental, is there any rent subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of subsidy? Public housing <input type="checkbox"/> Section 8 <input type="checkbox"/> State Rental Assistance Program <input type="checkbox"/> Other _____	
Rental Landlord Information	Name of Landlord	Telephone
	Street Address	
	City, State	Zip Code

Child - General Information Demographics Question Package - Child (Maven)		
1st Child's Name	First Name	Middle Name
Date of Birth	/ /	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the child currently enrolled in or attending any Special Education programs/classes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2nd Child's Name	First Name	Middle Name
Date of Birth	/ /	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the child currently enrolled in or attending any Special Education programs/classes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3rd Child's Name	First Name	Middle Name
Date of Birth	/ /	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the child currently enrolled in or attending any Special Education programs/classes? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Race	White <input type="checkbox"/>	Black <input type="checkbox"/>	Native American <input type="checkbox"/>
	Asian <input type="checkbox"/>	Multiracial <input type="checkbox"/>	Other <input type="checkbox"/> Unknown <input type="checkbox"/>
Ethnicity	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>	Unknown <input type="checkbox"/>
Child(ren)'s Current Address (if different than address under investigation)	Street Address		Unit or Apt #
	City, State		Zip Code
Parent/Guardian	First Name	Middle Name	Last Name
Parent/Guardian Telephone #	Home ()	Work ()	Cell ()
Parent/Guardian Current Address (if different than address under investigation)	Street Address		Unit or Apt #
	City, State		Zip Code

**Other Children Living in Dwelling Unit - General Information
Demographics Question Package – Child (Maven)**

Complete the following table for all other children ≤ 15 years of age living in the dwelling unit under investigation.

Child's Name	Date of Birth	Gender	Most Recent Venous Blood Test		Has this child ever had lead poisoning? ≥ 20µg/dl
			Date of Test	Result (µg/dL)	

Follow-up – If other children are living in the dwelling and have not had an acceptable screening or venous blood lead test, request that they get tested as soon as possible.

**Child(ren)'s - Medical Provider and Insurance Information
PCP Information Question Package – Child (Maven)**

Clinic/Agency/ PCP Providing Lead Testing	Name of Provider/ Primary Care Physician (PCP)		
	Street Address		
	City, State	Zip Code	() Telephone

Insurance Carrier	Name of Carrier	Is child a Medicaid Recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>
What advice/education materials did the PCP provide to the parent/guardian?		

Child - Medical Status (Maven)

Chelation Status for All Children Identified	<p>Is the child(ren) currently being chelated?</p> <p>1st child Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2nd child Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3rd child Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no</u>, skip to Testing Status below.</p> <p><u>If yes</u>, is the chelation being done as an in-patient or outpatient?</p> <p style="background-color: yellow;">In-patient <input type="checkbox"/> Out-patient <input type="checkbox"/></p> <p>Also fill-out adjacent column.</p>	<p><u>In-Patient</u></p> <p>a) Date of scheduled discharge? _____</p> <p style="background-color: yellow;">b) Where will child(ren) go after discharge (address)?</p> <p>_____</p> <p>c) What steps were taken to determine if this location is lead-safe? _____</p> <p>_____</p> <p>d) Lead hazards must be assessed and assurance provided that adequate interim control measures will be implemented prior to child's discharge. Has this occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, temporary relocation to a lead-safe environment will be necessary – discuss with Regional Lead Treatment Center)</p> <p><u>Outpatient</u></p> <p style="background-color: yellow;">a) Where is the child(ren) residing during treatment (address)?</p> <p>_____</p> <p>b) What steps were taken to determine if this location is lead-safe? _____</p> <p>_____</p> <p>c) Lead hazards must be assessed and assurance provided that adequate interim control measures will be implemented prior to child starting treatment. Has this occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, treatment cannot begin. Temporary relocation to a lead-safe environment will be necessary – discuss with Regional Lead Treatment Center)</p>
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Testing Status	<p>1) When is the child(ren)'s next appointment for a blood test? (See Table Below for 2013 CT Requirements and Guidance for Childhood Lead Screening):</p> <p>1st child ____/____/____ 2nd child ____/____/____ 3rd child ____/____/____</p> <p>Provide guidance as to when the child should be retested if parent/guardian is unsure.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="2">Follow-up Test Schedule for children with a confirmed elevated blood lead level.</th> </tr> <tr> <th>Blood Lead Level</th> <th>Perform Follow-up venous blood test within:</th> </tr> </thead> <tbody> <tr> <td>5-14 µg/dl</td> <td>3 months</td> </tr> <tr> <td>15-19 µg/dl</td> <td>1-3 months</td> </tr> <tr> <td>20-24 µg/dl</td> <td>1-3 months</td> </tr> <tr> <td>25-44 µg/dl</td> <td>2 weeks-1 month</td> </tr> <tr> <td>≥ 45 µg/dl</td> <td>As soon as possible</td> </tr> </tbody> </table>	Follow-up Test Schedule for children with a confirmed elevated blood lead level.		Blood Lead Level	Perform Follow-up venous blood test within:	5-14 µg/dl	3 months	15-19 µg/dl	1-3 months	20-24 µg/dl	1-3 months	25-44 µg/dl	2 weeks-1 month	≥ 45 µg/dl	As soon as possible
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25-44 µg/dl	2 weeks-1 month														
≥ 45 µg/dl	As soon as possible														

	2) If Health Care Provider did not recommend diagnostic retest:		
	<ul style="list-style-type: none"> o Educate provider on CT lead screening requirements. Date: _____ o Inform the health care provider that the American Academy of Pediatrics “Standard of Care” follows the CT lead screening requirements. 		
Symptoms Reported in Child(ren)	<input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Weight Loss <input type="checkbox"/> Constipation <input type="checkbox"/> Irritability	<input type="checkbox"/> Sudden behavior change <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Headache <input type="checkbox"/> Tiredness <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Staggering gait	<input type="checkbox"/> Poor coordination <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Seizures/convulsions <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the above

Residency Information and History – Child (Maven)

- Where do you think your child(ren) has been exposed to a lead hazard? _____
- When did you/your family move into your current home? _____

Complete the following for each address where the child has lived during the **past 12 months**:

Dates of Residency	Address (include city and state)	Approximate age of dwelling	General condition of dwelling: Any deteriorated paint? Any remodeling or renovation?

- Is the child(ren) cared for at locations other than the home (this would include preschool, day care center, home day care or care provided by a relative or friend)? Yes No If yes, complete the following:

Type of Care	Location of care (name of contact, address, and phone number)	Approximate number of hours per week at this location	General condition of structure. Any deteriorated paint? Any recent remodeling or renovation?

- Does the State or Local Health Department have any records of previous EBLL children for the child’s primary addresses? Yes No If yes, specify: _____.

**Child Behavior Risk Factors – Address for Each EBLI Identified Child
Lead Hazards Question Package– Child (Maven)**

1. Does child suck his/her fingers? Yes No **2nd child** Yes No **3rd child** Yes No
2. Does child put painted objects into the mouth? Yes No If yes, specify: _____
2nd child Yes No If yes, specify: _____ **3rd child** Yes No If yes, specify: _____
3. Does child chew on painted surfaces, such as an old painted crib, windowsills, furniture edges, railings, door molding, or broom handles? Yes No If yes, specify: _____
2nd child Yes No If yes, specify: _____ **3rd child** Yes No If yes, specify: _____
4. Does child chew on glazing compound from windows? Yes No **2nd child** Yes No
3rd child Yes No
5. Does child put soft metal objects in the mouth (e.g., lead and pewter toys and toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, keys, telephone cords, or any items containing solder [electronics])? Yes No
2nd child Yes No **3rd child** Yes No
6. Does child chew or eat paint chips or pick at painted surfaces? Yes No **2nd child** Yes No
3rd child Yes No
Is the paint intact in the child's play areas? Yes No **2nd child** Yes No **3rd child** Yes No
7. Does the child put printed material (newspapers, magazine) in the mouth? Yes No
2nd child Yes No **3rd child** Yes No
8. Does the child play with cosmetics, hair preparations, or talcum powder or put them into the mouth? Yes No
2nd child Yes No **3rd child** Yes No
Are any of these foreign made? Yes No
9. Does the child have a favorite cup? Yes No **2nd child** Yes No **3rd child** Yes No
A favorite eating utensil? Yes No **2nd child** Yes No **3rd child** Yes No
If yes, are they handmade or ceramic? _____
10. Does the family burn candles with metal wicks? Yes No **2nd child** Yes No **3rd child** Yes No
11. Does the family have a dog, cat, or other pet that could track in contaminated soil or dust from the outside?
Yes No Where does the pet sleep? _____
12. If child(ren) is present during the interview/investigation, note extent of hand-to-mouth behavior observed. _____

Assessment:

Is child at risk due to hand-to-mouth behavior? Yes No **2nd child** Yes No **3rd child** Yes No

Is child at risk for mouthing probable lead-containing substance? Yes No (specify): _____

2nd child Yes No _____ **3rd child** Yes No _____

Is child at risk for other hazards? Yes No (specify): _____

2nd child Yes No _____ **3rd child** Yes No _____

Actions:

Counseled family to limit access to probable hazards or eliminate use of possible hazardous items as noted above.

Yes No (specify): _____

Other (specify): _____

**Lead-Based Paint and Lead Dust Hazards
Lead Hazards Question Package – Environmental (Maven)**

1. Has there been any recent (past six months) repainting, remodeling, renovation, lead abatement, window replacement, sanding, or scraping of painted surfaces inside or outside this dwelling unit? Yes No
If yes, provide dates and describe activities and duration of work in more detail. _____

2. Has this dwelling been previously tested for lead-based paint or lead-contaminated dust? Yes No
If yes, when? _____
If no, skip to question 4.

3. If previously tested for lead contaminated dust, did dust levels exceed State Risk Assessment standards?
Yes No
If yes, where was/were the hazard(s) located? _____
If yes, was/were the dust hazard(s) corrected? Yes No
If yes, when? _____
If yes, was an order issued? Yes No Was it complied with? Yes No
Is there a Lead Management Plan for this Property? Yes No
If so, has monitoring been done as outlined in the plan? Yes No

**Lead-Based Paint and Lead Dust Hazards
Lead Hazards Question Package – Child (Maven)**

Complete the table below using the answers from question 4:

4. Where does the child like to play, hide or frequent? (Include rooms, closets, porches, and outbuildings.)

Areas where child(ren) likes to play, hide, or frequent.	Paint condition (intact, deteriorated or not present)*	Location of any painted component with visible bite marks

* Paint condition: Note location and extent of any visible chips and/or dust in window wells, on window sills, or on the floor directly beneath windows. Do you see peeling, chipping, chalking, flaking, or deteriorated paint? If yes, note locations and extent of deterioration.

Assessment:

Possible lead-based paint hazards? Yes No (specify): _____

Possible lead dust hazard? Yes No (specify where): _____

Actions:

If possible, obtain records of previous environmental testing noted above (C.2). Yes No If no, specify why. _____

Lead paint inspection of dwelling required if pre-1978.

**Water Lead Hazards
Lead Hazards Question Package - Environmental (Maven)**

- What is/are the source(s) of drinking water for the family?
Public water supply Private well Bottled water
- From which faucets do you obtain drinking water or water for cooking/food preparation? _____
(Sample from the main drinking water faucet.)
- Do you use the water immediately or do you let the water run for a while first? _____
- Is tap water used to prepare infant formula, powdered milk, or juices for the children? Yes No
If yes, do you use hot or cold tap water? _____
If no, from what source do you obtain water for the children? _____

**Water Lead Hazards
Lead Hazards Question Package – Child (Maven)**

- Has new plumbing been installed within the last 5 years? Yes No
If yes, identify location(s). _____
Did you do any of this work yourself? Yes No
If yes, specify. _____
- Has the water ever been tested for lead? Yes No
If yes, where can test results be obtained? _____

Assessment:

Is the child at risk for water lead hazards? Yes No

Actions:

Water test required (first-draw and flush samples). Location and date sample taken. _____

Counseled family on methods to reduce possible lead in water exposure. Date: _____ (specify): _____

**Lead in Soils Hazards
Lead Hazards Question Package – Environmental (Maven)**

1. Where outside does the child(ren) like to play, hide or frequent? _____
2. Is there deteriorated paint on any exterior structure or component (e.g. fences, porch, siding, garages, play structures, or mailboxes)? Yes No
3. Are there visible paint chips near the perimeter of the house, fences, garage, and play structures? Yes No
If yes, note location. _____
4. Is this dwelling located near a lead-producing industry (such as a battery plant, smelter, radiator repair shop, or electronics/soldering industry?) Yes No Specify: _____
5. Is the dwelling located within two blocks of a major roadway, freeway, elevated highway, or other similar transportation structures? Yes No
6. Are nearby buildings or structures being renovated, repainted, or demolished? Yes No
7. Were gasoline or other solvents ever used to clean parts or disposed of at the property? Yes No Unknown
8. Has soil ever been tested for lead? Yes No
If yes, where can this information be obtained? _____
9. Have you burned painted wood in a wood-stove or fireplace? Yes No
If yes, have you emptied ashes onto soil? Yes No If yes, where? _____

Assessment:

Possible soil lead hazard. Yes No

Actions:

Exposed (bare) soil areas must be tested. (Especially at drip line and play areas) Check if samples have been collected

If not, specify why _____

Counseled family to keep child away from bare soil areas thought to be a risk. Yes No Date: _____

Other Household Risk Factors
Lead Hazards Question Package – Child (Maven)

1. Are imported cosmetics such as Kohl, Surma, Henna, or Ceruse used in the home? Yes No
If yes, list type? _____
2. Does the family ever use any home remedies or herbal treatments such as Azarcon, Litargirio, Bebetina, Pay-loo-ah, Chyawan Prash, Kohl or Greta? Yes No What type? _____
3. Has the child(ren) played with or has the family purchased or received as a gift any of the toys, jewelry, etc that have been recalled by the CPSC as containing lead? (Notices are provided to LHDs by DPH and a list is available on the DPH web site) Yes No
4. Are any beverages or liquid food products stored in metal, pewter, or crystal containers? Yes No
5. What containers are used to prepare, serve, and store the child's food? _____
Are any of them metal, soldered, or glazed? Yes No
Does the family cook with or utilize ceramic-products or pottery? Yes No
If yes, specify: _____
6. Does the family use imported canned food items regularly? Yes No
7. Are there imported, non-glossy vinyl mini-blinds present in the home? Yes No
8. Does the child play in, live in, or have access to any areas where the following materials are kept: shellacs, lacquers, dyes, coloring pigments, epoxy resins, pipe sealants, putty dyes, industrial crayons or markers, gasoline, paints, pesticides, fungicides, gear oil, detergents, old household or motor vehicle batteries, battery casings, fishing sinkers, lead pellets, solder, or drapery weight? Yes No

If any question(s) are answered Yes in Section F, complete assessment/actions taken below.

If all questions are answered no, skip to Section G.

Assessment:

Possible increased risk of lead exposure due to _____

Actions:

Counseled family about products that may be potential sources of lead exposure (specify): _____

Specify Other Actions: _____

Current Housekeeping Practices – Child (Maven)

1. What cleaning equipment does the family have in the dwelling? (**Circle All That Apply**) mop and bucket, vacuum cleaner, vacuum cleaner with HEPA filter, broom, sponges and rags

2. How often does the family?
Sweep the floors? _____
Wet mop the floors? _____
Vacuum the floors? _____
Wash the window troughs? _____

3. Are the floor coverings smooth and/or cleanable? Yes No
What types of floor coverings are found in the dwelling? (check all that apply)
vinyl/linoleum carpeting wood other (specify): _____

4. Cleanliness of dwelling:
Circle the overall status of cleanliness (A, B, or C) based on observations of cleanliness in the dwelling and fill out assessment and actions.

A. Appears clean.
No visible dust on most surfaces. Evidence of recent vacuuming of carpet.
No matted or soiled carpeting. Few visible cobwebs.
No debris or food particles scattered about. Clean door jambs.

B. Some evidence of housecleaning.
Slight dust buildup in corners. Slight dust buildup on furniture.
Slightly matted and/or soiled carpeting. Some visible cobwebs.
Some debris or food particles scattered about. Slightly soiled kitchen floor.
Slightly soiled door jambs.

C. No evidence of housecleaning.
Heavy dust buildup in corners. Heavy dust buildup on furniture.
Matted and/or soiled carpeting. Visible cobwebs.
Debris or food particles scattered about. Heavily soiled kitchen floor.
Heavily soiled door jambs.

Assessment:

Is cleaning equipment adequate? Yes No

Are floor coverings adequate to maintain clean environment? Yes No

Actions:

Counseled parents on the role of adequate housekeeping in reducing lead exposures. Yes No

Provided counseling on what cleaning equipment is needed. Yes No (If yes, specify): _____

Instructed family on special cleaning methods. Yes No (If yes, specify): _____

Flooring treatments needed. Yes No (If yes, specify): _____

Occupational/"Do-It-Yourself"/Hobby Lead Hazards – Child (Maven)

Use the information in this section to determine if the child(ren)'s source of lead exposure could be related to the parents', older siblings' or other adults' work environment, "do-it-yourself" activities, or to activities related to hobbies. Occupations, hobbies and work activities that may cause lead exposure include the following: List the name, relationship to the child(ren), and location of activity.

Household Member's Occupations	Occupation (primary)	Occupation (secondary)
Father:		
Mother:		
Other household member(s):		

Activities	Occupational Exposures:	Hobbies/Home Exposures:
Ammunition manufacturing and re-loading		
Auto body repair work		
Boat or ship building, repairing or painting		
Cable or wire splicing or salvaging		
Chemical plant, glass factory, oil refinery employment		
Electrical soldering, radio repair, or other equipment repair		
Firing range (working or shooting)		
Fishing or Hunting (Access to sinkers, bullets, casings, etc)		
Jewelry repair or production		

Activities	Occupational Exposures:	Hobbies/Home Exposures:
Lead abatement worker/supervisor		
Metal melting for reuse (smelting) or molten metal pouring (foundries)		
Paint removal, chemical stripping and/or re-painting of buildings/structures		
Plumbing		
Pottery making (applying glazing and artist paints)		
Radiator repair (home or car)		
Remodeling, repairing, renovating, or demolition of residential and/or commercial buildings/structures		
Salvaging metal or batteries		
Stained glass repairing or production		
Welding, burning, cutting or torch work.		

2. Are work clothes left at work or separated from other laundry? Yes No
3. Does anyone in the home use the family vehicle for work activities? Yes No
4. Is there evidence of take-home work exposures or hobby exposures in the dwelling? Yes No

If occupation or hobbies exposures are identified above, complete assessment/actions taken below.

Assessment:

Possible occupational-related lead exposure. Yes No

Possible hobby-related lead exposure. Yes No

Counseled family about ways to limit occupational/hobby or home activity sources of lead exposure (specify): _____

Actions:

Stop suspect hobby? Yes No

Suggested adult blood lead testing? Yes No

Educational Material – Child (Maven)

1. Did parent/guardian receive the standard educational packet materials from the local health department? Yes No If no, why not? _____
2. Is the educational material in a language they can read and understand? Yes No If not, what did you do? _____
3. Was the material reviewed with the parent/guardian? Yes No If yes, list materials provided _____
If no, why not? _____
4. Did parent/guardian have an understanding of the educational materials after your review? Yes No If not, what did you do? _____

Social Service & Other Agency Referrals – Child (Maven)

1. Has the child(ren) been referred by the PCP to a regional lead treatment center? Yes No If no, why not? _____
2. Do you have information that would be helpful to the PCP providing medical follow-up for this child? (i.e. visual inspection report, housekeeping status, etc.) Yes No Date Contacted _____
Information provided: _____
3. Are the conditions in the home indicative of a referral to Dept. of Children & Families? Yes No
If yes, date of referral. _____. Resulting Actions: _____
4. **WIC Referral** - Nutritious foods and nutritional educational assistance to eligible pregnant women, postpartum women up to six months, breastfeeding women, up to one year after delivery, and infants and children up to the fifth year. Is referral required? Yes No If yes, provide local contact number or Info line number 2-1-1.
5. **Early Head Start/Head Start** - Early Head Start/Head Start is a child development program for low-income families. Each Early Head Start/Head Start program is responsible for determining its' own eligibility criteria. Family income is one key factor in determining eligibility. Early Head Start programs are for children aged 0-3 yrs. old; Head Start programs are for children aged 3-5 yrs. old. Is referral required? Yes No If yes, provide local contact number or Info line number 2-1-1.
6. **Non-Insured/Under Insured HUSKY A/HUSKY B/HUSKY PLUS** - Connecticut children's health insurance plan provides managed care health insurance, including medical, dental, vision, and behavioral health care for children ages 0 through 18. Also, parents or caretaker relatives who have a child/children on HUSKY A and whose income is at or below 150% of the Federal Poverty Level are eligible for health coverage under HUSKY A. There is no asset limit. HUSKY B provides services for children in higher-income families. HUSKY PLUS provides coverage option for children who have intensive physical or behavioral health needs. The HUSKY program is administered by the Conn. Dept. of Social Services. Is referral required? Yes No If yes, provide local contact number of Info line number 2-1-1.
7. **Birth to Three** - The Birth to Three System is a program for children up to age 3 years who have delays or disabilities. If the child's lead level is 25µg/dL or greater they are automatically eligible for services. If lower than 25µg/dL but the family has concerns about their child's learning, a free developmental evaluation will decide eligibility. Does the parent want a free developmental evaluation for their child? Yes No If yes, ask the parent to call the Child Development Infoline (CDI) number 1-800-505-7000 while you wait.
8. If abatement-funding sources are available in town/city of residence, has information been or will be provided to property owner? Yes No N/A If yes, list date provided and source. _____

Interim Measures - Child (Maven)

Measures Taken to Prevent Further Lead Exposure to the Family and Child(ren)

Address of Property: _____

Date(s) of Inspection: _____

Immediate relocation of: ¹

Child

Entire Family

No Immediate Relocation

Relocation Date:

Relocation address:

List measures to ensure that relocation address is lead-safe:
(i.e., XRF testing, dust wipe sampling, visual inspection, etc.)

Interim control measures implemented in primary residence.

Flush Drinking Water Faucet Prior to Use

Prevent Tracking of Soil Into Home

Prohibit/Limit at Risk Hobbies/Occupations

Limit Access to Porches, Soil, Windows, etc

Use of HEPA Vacuum

Wet Cleaning of Floors & Windows

Other (specify) _____

Further explain who implemented measures and specific locations related to checked boxes.

Temporary Relocation during abatement ONLY.¹

Relocation Date:

Relocation address:

List measures to ensure that relocation address is lead-safe:

No relocation during abatement.¹

List measures to ensure that abatement can be performed safely while occupancy continues and that access to required amenities will be maintained throughout the term of the abatement project:

¹ Per CGS §19a-111: "The local director of health may permit occupancy in said residential unit during abatement if, in his judgment, occupancy would not threaten the health and well-being of the occupants."

