



# FORM REVISIONS - LEAD

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Lead Semi Annual Meeting 3/10/2014

# Epidemiological Investigation Form

- Birth-to-Three question (page 13 of 15)

7. **Birth to Three** - The Birth to Three System is a program for infants and toddlers who have delays or disabilities. If the family has concerns about their infant or toddler's talking, walking, handling toys, seeing, hearing, or playing alone or with others. Is a referral required? Yes  No  If yes, provide the Child Development Infoline (CDI) number 1-800-505-7000 to discuss their concerns.

- Who makes the referral?
- Has # been provided?
- Is the parent listening?
- Cost?

# Epidemiological Investigation Form

- Birth-to-Three question **REVISED** (page 13 of 15)
- Action oriented
  - Let's get the parent to call while you are there and get the child enrolled in the process
- More information
  - Free
  - Automatic eligibility at a BLL of 25

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.

- New version Epiform9\_1-23-14.doc

# Lead Inspection & Testing Summary Form

9-14-09 version

- Cites proposed regulations

1-7-14 version

- Cites current regulations
- Where can the new form be found?
- [www.ct.gov/dph/lead](http://www.ct.gov/dph/lead) scroll down, click on LHD Resources

Or

- [www.ct.gov/dph/cwp/view.asp?a=3140&Q=387578&PM=1](http://www.ct.gov/dph/cwp/view.asp?a=3140&Q=387578&PM=1)
- Lead Surveillance System...double check with Tracy



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

LEAD INSPECTION AND TESTING SUMMARY FORM

This lead inspection and testing summary form must be completed and sent to the property owner of the property in accordance with Section 19a-111-3 (d) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control. A Comprehensive Lead Inspection is one performed to satisfy CGS 19a-111 (epidemiological investigation) and CGS 19a-110(d) (on-site inspection). Bare soil areas, dust and water are required to be tested for the presence of lead as part of a comprehensive lead inspection.

PROPERTY INSPECTED/TESTED

(Check) Residence  Child Day Care Center/Group Day Care Home  Family Day Care Home   
 Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

(Check One) Comprehensive Lead Inspection  Limited Testing

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ Floor: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

If Apartment, Number of Units: \_\_\_\_\_ Year Property Built: \_\_\_\_\_

PROPERTY OWNER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

INSPECTING ENTITY

A. If Consultant Contractor:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consultant License Number: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Inspector's Certification Number: \_\_\_\_\_

B. If Code Enforcement Agency:

Department Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Inspector's Initial Training: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, Date of Latest Refresher Training: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

INSPECTION INFORMATION

Beginning and End Date(s) of Inspection: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

For each day that the inspection was conducted consent was given by an adult occupant of the dwelling unit to enter and inspect all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access.

Yes  No

Name of person 18 years of age or older who granted consent: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person 18 years of age or older who granted consent: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

A. Were Lead-Based Surfaces Identified? (Check One)  Yes  No

If yes, complete the tables below. Data in tables may not indicate all identified lead-based surfaces.

EXTERIOR Lead-Based Surfaces	Foundation	Siding &/or Trim	Stairs &/or Stair Components	Porch &/or Porch Components	Doors &/or Trim	Windows &/or Trim	Garage &/or Garage Components
Deteriorated							
Intact							

(X = positive location)

INTERIOR Lead-Based Surfaces	Floors	Baseboards	Walls	Ceilings	Stairs &/or Stair Components	Doors &/or Trim	Windows &/or Trim	Closet/Cabinet Components
Deteriorated								
Intact								

(X = positive location)

Were rooms, areas or components inaccessible during inspection? (Check One)  Yes  No

List any inaccessible locations: \_\_\_\_\_

B. Indicate Potential Lead Hazards Identified:

(Check All That Apply)

Was drinking water tested for lead?

Yes  No

Was dust tested for lead?

Yes  No

Was bare soil tested for lead?

Yes  No  N/A If yes, complete the adjacent table

Lead Hazard Locations	Floors (dust)	Window Sills (dust)	Window Walls (dust)	Soil	Water	Paint (XRF)	Paint Chip
(Enter highest result for each)							

Per section 19a-111-4(a) and 19a-111-2(e) of the Lead Poisoning Prevention and Control Regulations:

A lead abatement plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

A lead hazard remediation plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

I have received a copy of this summary report from my landlord/property manager and have been informed that I can obtain further information about the testing results from the report by contacting the property owner listed above.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

### LEAD INSPECTION AND TESTING SUMMARY FORM

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#### PROPERTY INSPECTED/TESTED

(Check): Residence  Child Day Care Center/Group Day Care Home  Family Day Care Home   
Name: \_\_\_\_\_ Name: \_\_\_\_\_

(Check One): Comprehensive Lead Inspection

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

If Apartment, Number of Units: \_\_\_\_\_

#### PROPERTY OWNER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### INSPECTING ENTITY

##### A. If Consultant Contractor:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Consultant License Number: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Inspector's Certification Number: \_\_\_\_\_

##### B. If Code Enforcement Agency:

Department Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Inspector's Initial Training: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Latest Refresher Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

This lead inspection and testing summary form must be completed and sent to the property owner of the property in accordance with Section 19a-111c-3 (g) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control. A Comprehensive Lead Inspection is one performed to satisfy CGS 19a-111 (epidemiological investigation) and CGS 19a-110(d) (on-site inspection). Bare soil areas, dust and water are required to be tested for the presence of lead as part of a comprehensive lead inspection.

This lead inspection and testing summary form must be completed and sent to the property owner of the property in accordance with Section 19a-111-3 (d) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control. A Comprehensive Lead Inspection is one performed to satisfy CGS 19a-111 (epidemiological investigation) and CGS 19a-110(d) (on-site inspection). Bare soil areas, dust and water are required to be tested for the presence of lead as part of a comprehensive lead inspection.

**INSPECTION INFORMATION**

Beginning and End Date(s) of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

For each day that the inspection was conducted consent was given by an adult occupant of the dwelling unit to enter and inspect all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access.  
 Yes  No

Age: \_\_\_\_ Date: \_\_\_\_

Age: \_\_\_\_ Date: \_\_\_\_

Per section 19a-111c-4(a) or 19a-111c-5(a) and 19a-111c-2(e) of the Lead Poisoning Prevention and Control Regulations:

A lead abatement plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

A lead hazard remediation plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No

Indicate all identified lead-based surfaces.

Stairs &/or Stair Components	Doors &/or Trim	Windows &/or Trim	Garage &/or Garage Components

INTERIOR Lead-Based Surfaces	Floors	Baseboards	Walls	Ceilings	Stairs &/or Stair Components	Doors &/or Trim	Windows &/or Trim	Closet/Cabinet Components
Deteriorated								
Intact								

(X = positive location)

Were rooms, areas or components inaccessible during inspection? (Check One)  Yes  No

List any inaccessible locations: \_\_\_\_\_

**B. Indicate Potential Lead Hazards Identified:**

(Check All That Apply)

Was drinking water tested for lead?

Yes  No

Was dust tested for lead?

Yes  No

Was bare soil tested for lead?

Yes  No  N/A If yes, complete the adjacent table.

Lead Hazard Locations	Floors (dust)	Window Sills (dust)	Window Wells (dust)	Soil	Water	Paint (XRF)	Paint Chip
(Enter highest result for each)							



Per section 19a-111-4(a) and 19a-111-2(e) of the Lead Poisoning Prevention and Control Regulations:

A lead abatement plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

A lead hazard remediation plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential property concerning lead-based paint and/or lead-based paint hazards, to disclose to prospective buyers and tenants at the time of sale or lease or upon lease if lead-based paint has been completed. Failure to disclose these test results is a violation of the U.S. Environmental Protection Agency regulations at 40 CFR 302.60,000 per violation. To find out more information about your property, contact the U.S. Environmental Protection Agency at 1-800-424-LEAD.

I, \_\_\_\_\_, the undersigned, have been informed that I can obtain further information from the property owner listed above.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1-7-14

Per section 19a-111-4(a) and 19a-111-2(e) of the Lead Poisoning Prevention and Control Regulations:

A lead abatement plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

A lead hazard remediation plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Where are the new forms?

[www.ct.gov/dph/lead](http://www.ct.gov/dph/lead) scroll down, click on **LHD Resources**

Or

[www.ct.gov/dph/cwp/view.asp?a=3140&Q=387578&PM=1](http://www.ct.gov/dph/cwp/view.asp?a=3140&Q=387578&PM=1)

- Lead Surveillance System...double check with Tracy...the changes will be there soon!