



Public Health Lead Investigation Report

To determine the source of lead poisoning

For Child's name

(DOB: ####/##/##)

Prepared By:

Investigator name

RA License No.: OH #####

Signature: _____

Name of health department

Street Address

City, state zip

Telephone Number

Date of Report: Month date, year

Lead Poisoning Case

On [Date of Alert], the [Name of Health Department] received a report that your child, [Child's Name], at [Child's age], on [Sample Date], had a blood lead level of [#]. This number shows that your child has lead poisoning. (If more than one sample indicated in the surveillance system after the referral date, enter subsequent tests here.)

Because [Child's name] is lead poisoned, the [Name of Health Department] must do an investigation to find out where the source of poisoning may be. Thus, a lead investigation was conducted on [Date of questionnaire], by [Name of Lead Investigator] and included the following activities

A. Completion of Questionnaire

On [Date of Questionnaire], [Investigator Name], Lead Investigator, [Case Manager Name], (if applicable) Case Manager, [Name of Health Department], met with [Full Name], [Relationship to child], and completed a questionnaire. The questionnaire is included with this report. (If investigator was unable to complete a questionnaire, replace this section with an explanation of why it could not be completed.)

B. Review of Records and Reports

As part of the investigation, the lead investigator reviewed the following records and reports:

[Name of County] County Property Record, found with this report.

Add previous Risk Assessment reports, if applicable.

C. Onsite Investigation

On [Month, date year], the lead investigator, did an investigation at the following residential unit: [Street Address, City OH Zip]. The following property or properties are suspected to be a source of your child's lead poisoning:

List address and type (i.e. residential unit, child care facility or school)

D. Testing of properties determined to be a possible source of child's lead poisoning

On [Month date year], the lead investigator conducted a risk assessment, which included testing of lead paint with equipment and sampling of dust and soil. Testing was done at the homes or schools listed below. A copy of the *Lead Inspection and Lead Risk Assessment Report* is included with this report. The *Lead Inspection and Lead Risk Assessment Report* shows what components (windows, doors, etc) may have given your child lead poisoning.

[List addresses where a lead risk assessment was done]

RESULTS OF INVESTIGATION

The following property(ies) was/were found to be a possible source of lead poisoning for your child:

1. Street address, City OH Zip.

Or if this property is no longer a source of lead poisoning (use this one):

The investigation of the home did not identify any sources of lead.

If you did any XRF readings or LeadChek swabs testing on non-property, non fixtures, list them below.

Other items were tested for lead and are listed below.

E.G.

1. Crayon tested negative (<19 ppm) for lead by lead analysis – EPA 7420 Method, send to Schneider Laboratories.
2. Crib head board tested negative (-0.1 mg/cm²) for lead by XRF.
3. Mini blind tested negative in Bedroom #1, by LeadChek swabs.

ATTACHMENTS:

A. Questionnaire

B. **Name of county** County Property Record Card

C. Risk Assessment Report or Environmental Report (if more than one property list)

- 1.
- 2.
- 3.