

LEAD-BASED PAINT INVESTIGATIONS - QUARTERLY SUMMARY REPORT

For each lead investigation activity conducted, provide the requested information. Return completed form within 30 days after the end of each quarter. Attach additional forms as needed.

REPORTING QUARTER Check the reporting quarter. Submit completed report to DHS by the date in parentheses.

January-March (by April 30) April-June (by July 31) July-September (by Oct. 31) October-December (by Jan. 31)

LEAD INVESTIGATION COMPANY INFORMATION

Company Name	Company DHS Certification Number
Phone number	Email

LEAD INVESTIGATION SUMMARIES - Complete requested information for each lead investigation activity conducted.

Date Conducted (mm/dd/yy)	Property Location: Street or Fire Address and City	Name and DHS Certification No. of the Lead Investigator	Lead Activity Conducted (Check all that apply)	Lead Paint or Lead Hazard Detected?
			<input type="checkbox"/> Clearance Abatement <input type="checkbox"/> Clearance Renovation <input type="checkbox"/> Elevated Blood Lead (optional) <input type="checkbox"/> Full Inspection <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Lead Partial Inspection <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead-Free Inspection <input type="checkbox"/> Lead-Safe Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Clearance Abatement <input type="checkbox"/> Clearance Renovation <input type="checkbox"/> Elevated Blood Lead (optional) <input type="checkbox"/> Full Inspection <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Lead Partial Inspection <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead-Free Inspection <input type="checkbox"/> Lead-Safe Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Clearance Abatement <input type="checkbox"/> Clearance Renovation <input type="checkbox"/> Elevated Blood Lead (optional) <input type="checkbox"/> Full Inspection <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Lead Partial Inspection <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead-Free Inspection <input type="checkbox"/> Lead-Safe Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Clearance Abatement <input type="checkbox"/> Clearance Renovation <input type="checkbox"/> Elevated Blood Lead (optional) <input type="checkbox"/> Full Inspection <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Lead Partial Inspection <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead-Free Inspection <input type="checkbox"/> Lead-Safe Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name

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			<input type="checkbox"/> Clearance Abatement <input type="checkbox"/> Clearance Renovation <input type="checkbox"/> Elevated Blood Lead (optional) <input type="checkbox"/> Full Inspection <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Lead Partial Inspection <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead-Free Inspection <input type="checkbox"/> Lead-Safe Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SUBMITTAL

Email a copy of this form to DHSLeadInvest@dhs.wisconsin.gov. If you have questions, call 608-261-6876.