### **DEPARTMENT OF HEALTH SERVICES**

Division of Public Health F-44013 (07/2024) Bureau of Environmental & Occupational Health DHS 163, Wis. Adm. Code

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

#### STATE OF WISCONSIN

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# Company Name

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?
			<ul> <li>Clearance Abatement</li> <li>Clearance Renovation</li> <li>Elevated Blood Lead (optional)</li> <li>Full Inspection</li> <li>Hazard Screen</li> </ul>	☐ Yes ☐ No
			Lead Partial Inspection     Lead Risk Assessment     Lead-Free Inspection     Lead-Safe Investigation     Clearance Abatement	☐ Yes
			<ul> <li>Clearance Renovation</li> <li>Elevated Blood Lead (optional)</li> <li>Full Inspection</li> <li>Hazard Screen</li> <li>Lead Partial Inspection</li> <li>Lead Risk Assessment</li> <li>Lead-Free Inspection</li> <li>Lead-Safe Investigation</li> </ul>	□ Tes □ No
			<ul> <li>Clearance Abatement</li> <li>Clearance Renovation</li> <li>Elevated Blood Lead (optional)</li> <li>Full Inspection</li> <li>Hazard Screen</li> <li>Lead Partial Inspection</li> <li>Lead Risk Assessment</li> <li>Lead-Free Inspection</li> <li>Lead-Safe Investigation</li> </ul>	☐ Yes ☐ No
			<ul> <li>Clearance Abatement</li> <li>Clearance Renovation</li> <li>Elevated Blood Lead (optional)</li> <li>Full Inspection</li> <li>Hazard Screen</li> <li>Lead Partial Inspection</li> <li>Lead Risk Assessment</li> <li>Lead-Free Inspection</li> <li>Lead-Safe Investigation</li> </ul>	☐ Yes ☐ No
			<ul> <li>Clearance Abatement</li> <li>Clearance Renovation</li> <li>Elevated Blood Lead (optional)</li> <li>Full Inspection</li> <li>Hazard Screen</li> <li>Lead Partial Inspection</li> <li>Lead Risk Assessment</li> <li>Lead-Free Inspection</li> <li>Lead-Safe Investigation</li> </ul>	☐ Yes ☐ No

### SUBMITTAL

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