

Water Testing – N/A

RESULTS & RECOMMENDATIONS – N/A

VERIFICATION QUESTIONS & ANSWERS – N/A

BEHAVIORAL PATTERNS – N/A

VISUAL PLUMBING ASSESSMENT – N/A

TABLE W.1: WATER SAMPLE RESULTS – N/A

Inspector Summary

Owner stated that 2 year old licks the windows and the glass door in the Foyer. Owner also stated that children do not eat the imported foods. There are possible bite marks on some of the window sills. Most of the windows are painted shut. Based on the initial garden soil sample results, additional testing was completed. The results were 1100.79 ppm or below the EPA threshold.

Inspector Certification

The information contained in this report is a true and accurate representation of the conditions and activities at this property at the time of this investigation, based on the professional judgement of the person(s) who conducted and reported this Environmental Investigation. If soil samples were not collected as indicated in Table 4 due to snow, these samples will be collected at the earliest opportunity. An amended report will be sent with any soil hazards found and corrective action options.

Sheresse Smith *Sheresse Smith 11/19/19*

Michigan Certified Lead Inspector/Risk Assessor # P- 06911

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Appendices

APPENDIX A – RESIDENT INTERVIEW

The purpose of this interview is to help find where to take dust and soil samples. Questions will help find:

- Most frequently used entrances and windows.
- Areas where children sleep, eat, and play.
- Recent renovations.
- Etc.

Resident Interview Questions & Responses:

This house is currently: Occupied

Person interviewed: [REDACTED]

Relationship to child: Father

FAMILY USE PATTERNS	
QUESTION	RESPONSE
Which entrances are used most frequently?	Front Door
Are there floor mats at entrances to the home?	Yes
Do occupants take shoes off at the door?	Yes
Which windows are opened most frequently?	Stairwell 1, Bathroom, Bedrooms 2 & 3
Is there a window fan that is used during summer months?	Yes
Are window air conditioners used?	Yes
Is there paint damage from condensate? <i>If yes, what room?</i>	Yes Bedroom 2
I need to dust test the window sill in this room for lead. When was the last time it was wiped down?	2 weeks ago
Does your family eat food grown in a garden?	Yes
Does your child play in this garden?	No
What cleaning methods do you use at home?	Ajax, Dish detergent, Bleach & Pine Sol

OTHER HOUSEHOLD RISK FACTORS	
QUESTION	RESPONSE

Do you have a dog, cat, or other pet that could track soil or dust inside?	No
Does your child have access to any of the following?	
<input type="checkbox"/> Industrial (big) crayons or markers	
<input type="checkbox"/> Paints	<input type="checkbox"/> Detergents
<input type="checkbox"/> Dyes	<input type="checkbox"/> Batteries
<input type="checkbox"/> Coloring pigments	<input type="checkbox"/> Gear oil
<input type="checkbox"/> Putty	<input type="checkbox"/> Pipe sealants
<input type="checkbox"/> Shellacs	<input type="checkbox"/> Lacquers
<input type="checkbox"/> Epoxy resins	<input type="checkbox"/> Pesticides
	No

FREQUENT AREAS CHILD VISITS

QUESTION	RESPONSE
Is your child cared for away from home? (This includes preschool and/or child care at a center, dedicated home, or with a friend or relative). If yes, where?	No
Type of Care	Location of Care / Address
N/A	N/A
	Number of Hours/Week at Location
	N/A

Where does your child like to sleep, eat, and play?

CHILD	AGE	BEDROOM	EATS	PLAYS INDOORS	PLAYS OUTDOORS
Child 1	2	Bedroom 2	Living Room & Dining Room	Throughout Home	Rosa Parks Park
Child 2	1 month	Bedroom 1	Throughout (Bottle Feed)	N/A	N/A

CHILD BEHAVIOR RISK FACTORS

QUESTION	RESPONSE
Does your child suck his/her fingers or thumb?	Yes
Does your child put painted objects into their mouth? If yes, what objects?	Yes Toys
Are there any areas of peeling paint on walls, ceilings, stairs, woodwork, furniture or toys?	Yes
Does your child chew on painted surfaces, such as painted cribs, window sills, furniture edges, railings, door moldings, or broom handles?	Yes
Are there bite marks found anywhere in the home, such as child's crib, furniture or window sills?	Yes
Does your child chew or eat paint chips or pick at painted surfaces?	Yes

Does your child put soft metal objects in the mouth? (Ex: pewter, metal toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, electronics)	No
Does your child put printed material (newspapers, magazines) in their mouth?	Yes
Does your child eat without washing hands before meals or snacks?	No
When was the last time the toys were washed? Pacifiers?	Hasn't washed toys Cleans Pacifier daily
Are there bare soil areas where the child likes to play? Where, specifically?	N/A Child doesn't play outside of Home
On a typical week this past summer, how much time did your child play outside in your yard?	4 Days 3 Hours per day
Has the child been seen eating soil? Where?	No N/A

DIETARY RISK FACTORS

QUESTION	RESPONSE
Does your family use imported canned foods?	Yes
Does the family use home remedies, folk medicines or herbal treatments? <i>Alarcon, Alkohol, Azarcon, Bali Goli, Coral, Ghasard, Greta, Liga, Pay-loo-ah, Rueda, Kohl, Surma or Ceruse</i>	Yes, But not children
Does child take dolomite, oyster shell or bone meal as a calcium or phosphorus supplement?	No
Is food prepared, served or stored in glazed ceramic, pewter, crystal, or lead soldered types of containers?	No
Does the child have a favorite cup or eating utensil? (If yes, what is it?)	Yes 4 Different Sippy Cups

OCCUPATIONAL/HOBBY RISK FACTORS

QUESTION	RESPONSE
Does anyone living with or caring for the child have an occupation or hobby that could result in lead exposure? Check all that apply:	No
<input type="checkbox"/> Auto body/boat (making parts; repairing) <input type="checkbox"/> Batteries (making; repairing) <input type="checkbox"/> Bronze polishing <input type="checkbox"/> Burn painted wood <input type="checkbox"/> Chemical stripper	<input type="checkbox"/> Pottery or ceramics (making) <input type="checkbox"/> Radiator repair <input type="checkbox"/> Use lead shot/bullets <input type="checkbox"/> Use fishing sinkers <input type="checkbox"/> Welding, burning, torch/cutting

- Construction (bridge/tunnel/highway repair)
- Construction (power washing older homes)
- Construction (renovating/remodeling older homes)
- Construction (wrecking; demolition)
- Create explosives or ammunition
- Electronics (making or splicing cable or wire)
- Electronics (soldering connections)
- Furniture (refinishing)
- Glass (leaded glass manufacturing)
- Glass (stained glass making)
- Glass (work in glass factory)
- Jewelry (making; repairing)
- Metal (brass/copper/aluminum processing)
- Metal (machining/grinding/melting lead alloys)
- Metal (melting for reuse (smelting))
- Metal (pouring molten metals: brass, copper, bronze, lead, iron (foundries))
- Metal (scrap metal handling/salvaging)
- Paint (art)
- Paint (manufacturing: non-residential)
- Paint (removal: sandblasting, scraping, sanding, using heat guns or torches)
- Plastic/Rubber (products manufacturing)
- Plumber/Pipe fitter
- Work at firing range
- Work in oil refinery

OCCUPATIONAL/HOBBY RISK FACTORS

QUESTION	RESPONSE
Name:	
Relationship:	
Occupation/Hobby:	
Does the child have access to the area where the activity (occupation or hobby) takes place?	No
Are the clothes worn during these activities separated from family laundry?	Yes
Are work/hobby shoes worn into the house?	Yes
Is a vehicle used to commute to and from this activity and home?	Yes
Is the child held or greeted before this person showers, changes clothes or washes hands?	No