

# OWNER QUESTIONNAIRE

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age of structure \_\_\_\_\_

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Any children 6 years of age or under reside in this structure?
<input type="checkbox"/>	<input type="checkbox"/>	Any children 6 years of age or under regularly visit this structure for more than 6 hours per week or 60 hours per year?
<input type="checkbox"/>	<input type="checkbox"/>	Any pregnant females reside in this structure?
<input type="checkbox"/>	<input type="checkbox"/>	Any childcare facilities located in this structure?
<input type="checkbox"/>	<input type="checkbox"/>	Has any Lead-Based Paint (LBP) survey been performed on this structure?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any LBP on this structure?

**A child-occupied facility** is a pre-1978 building that meets all the criteria below

- Visited regularly by the same child, under 6 years of age
- The visits are on at least two different days within any week (Sunday though Saturday period), provided that each days visit last at least 3 hrs.
- Combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours.
- Any children living in this structure

***Please read carefully and sign below.***

I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Owner Name – Print                      Signature                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If answered “**Yes**” to the above three questions then we must test area that is to be renovated. We will need to cut a small “v” into the renovating area for testing. I give you approval to test renovating area.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_