DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-44013 (07/2024)

STATE OF WISCONSIN

Bureau of Environmental & Occupational Health
DHS 163, Wis. Adm. Code

Page 1 of 2

LEAD-BASED PAINT INVESTIGATIONS - QUARTERLY SUMMARY REPORTFor 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	ATION COMI ANT IN ORMATI		Company DHS Certific	cation Number			
, ,							
Dhana		F9					
Phone number		Email					
LEAD INVESTIGATION SUMMARIES - Complete requested information for each lead investigation activity conducted.							
Date Conducted	Property Location:	Name and DHS	Lead Activity Conducted	Lead Paint or			
(mm/dd/yy)	Street or Fire Address and City	Certification No. of the Lead Investigator	(Check all that apply)	Lead Hazard Detected?			
		Lead investigator	☐ Clearance Abatement				
			☐ Clearance Renovation	Yes			
			☐ Elevated Blood Lead (optional)	□No			
			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				
			☐ Clearance Abatement ☐ Clearance Renovation	Yes			
			☐ Elevated Blood Lead (optional)	□No			
			Full Inspection				
			☐ Hazard Screen				
			Lead Partial Inspection				
			Lead Risk Assessment				
			☐ Lead-Free Inspection				
			☐ Lead-Safe Investigation	1			

F-44013 (07/2024) Page **2** of **2**

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?
			☐ Clearance Abatement ☐ Clearance Renovation ☐ Elevated Blood Lead (optional) ☐ Full Inspection	☐ Yes ☐ No
			☐ Hazard Screen☐ Lead Partial Inspection☐ Lead Risk Assessment	
			Lead-Free Inspection Lead-Safe Investigation	
			☐ Clearance Abatement ☐ Clearance Renovation ☐ Elevated Blood Lead (optional) ☐ Full Inspection ☐ Hazard Screen ☐ Lead Partial Inspection ☐ Lead Risk Assessment ☐ Lead-Free Inspection ☐ Lead-Safe Investigation	☐ Yes ☐ No
			☐ Clearance Abatement ☐ Clearance Renovation ☐ Elevated Blood Lead (optional) ☐ Full Inspection ☐ Hazard Screen ☐ Lead Partial Inspection ☐ Lead Risk Assessment ☐ Lead-Free Inspection ☐ Lead-Safe Investigation	☐ Yes ☐ No
			☐ Clearance Abatement ☐ Clearance Renovation ☐ Elevated Blood Lead (optional) ☐ Full Inspection ☐ Hazard Screen ☐ Lead Partial Inspection ☐ Lead Risk Assessment ☐ Lead-Free Inspection ☐ Lead-Safe Investigation	☐ Yes ☐ No
			☐ Clearance Abatement ☐ Clearance Renovation ☐ Elevated Blood Lead (optional) ☐ Full Inspection ☐ Hazard Screen ☐ Lead Partial Inspection ☐ Lead Risk Assessment ☐ Lead-Free Inspection ☐ Lead-Safe Investigation	☐ Yes ☐ No

SUBMITTAL

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