

## SAN DIEGO LEAD SAFETY COLLABORATIVE RESIDENT ACKNOWLEDGEMENT

Site Address \_\_\_\_\_ Apt / Unit \_\_\_\_\_ Zip Code \_\_\_\_\_

This document is intended to ensure tenants are made aware of the services to be provided by the City of San Diego's, Lead Safety Collaborative (LSC) grant program, and the tenant's obligations while their unit is enrolled in the program.

The LSC grant program is only available to properties that meet certain income requirements, and you will be contacted by a LSC program representative to discuss the program in more detail, and to verify if your unit qualifies for the grant resources.

The LSC program operates on a priority rating scale in order to address the units in most need of intervention. Eligible properties will receive a healthy homes inspection that includes a complete lead-inspection, lead-risk assessment, and healthy homes assessment. After the inspection, a LSC representative will contact you to review the results of the inspection and scope of services to be provided to remediate the hazards, which will be summarized in a hazard assessment report which you will be provided: The report will include:

- A summary of the components on the property which the paint has been classified as lead containing
- A summary of any lead hazards identified
- A summary of any health and safety hazards identified
- A scope of services to be provided to eliminate the identified hazards
- An ongoing maintenance plan to ensure the property remains lead-safe

In most cases, occupants will be required to be temporarily relocated during lead abatement activity. In these cases, the occupants will be required to sign a statement indicating they are not considered a "displaced family" and are not eligible for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Hotel accommodations will be provided and paid for by the LSC program and compensation for temporary relocation purposes will be made as follows:

- Daily stipend to when staying with friends of \$35 per adult and \$20 per child
- Daily stipend while staying at a hotel of \$20 per adult and \$10 per child

When relocation is required, the LSC representative will discuss the relocation process with you. You will be notified of your relocation options and the expected number of days that the relocation will last.

Prior to the renovation, you will be required to move personal belongings so the renovation contractor will be able to conduct these renovations. You will be furnished packing materials (bags, boxes and tape) as needed, to store your personal belongings.

You will be required to provide the contractor with unit keys, remain out of the work area, and to follow the policies for any hotel where you may temporarily reside.

The implementation of an Integrated Pest Management (IPM) program may be required depending on the severity of a pest infestation. If such a plan is implemented you may be required to: 1) vacate your residence for up to 4 hours; 2) work with LCS to identify and eliminate areas the pests can access your property; 3) maintain your residence **after the renovation** by keeping your residence and surrounding areas free of clutter and eliminate sources of food and water using safe cleaning products; 4) apply roach gels and or boric acid powders in your household as instructed; 5) keep areas that pest might gain access to your residence sealed.

The LSC program may use the data associated with this project in presentations, but your personal information will remain **confidential at all times**, and will never be made publicly available.

LSC is a collaboration of partner organizations that provide a variety of program services, including energy efficiency and weatherization programs that reduce utility bills while maintaining comfortable living conditions throughout the year. A LSC representative will contact **one** energy efficiency or weatherization service provider in your area who will contact you directly to enroll **into** an energy efficiency and/or weatherization program. These services may include, but are not limited to, water heater repair/replacement, furnace repair, attic insulation, window and door weatherization, and installation of low flow water fixtures. In some instances, you might be eligible for the installation of solar panels at no cost to you. In this case, program partner Grid Alternatives will contact you directly to provide you detailed information about their program.

In signing below, you certify that you understand and agree to abide by the specific terms contained in this document.

You agree to allow the documents you have provided used for determining my eligibility, to be made available to these partner agencies in order to determine my eligibility to receive services administered by these agencies.

You acknowledge that you are to make yourself and your home available to the various service providers, and you will schedule and keep your appointments with these agencies.

---

Tenant's Signature

---

Date

---

Phone Number

---

Best time to contact

**CITY OF SAN DIEGO- LEAD SAFETY COLLABORATIVE RESIDENT ENROLLMENT FORM**  
**For Multi-Family Enrollments, complete one sheet for each unit on the property**

Address \_\_\_\_\_ Apt / Unit # \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ Property Owner      ☐ Tenant      ☐ Single Family Property      ☐ Multi-Family Property

**Household Contact Person:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Language (circle one): English Spanish Other \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do any residents of the home have any health or mobility issues that require special considerations during relocation? ☐ Yes      ☐ No

Special needs: \_\_\_\_\_

Do you have any pets? ☐ Cat How many? \_\_\_\_\_

☐ Dog How many? \_\_\_\_\_ Weights of each \_\_\_\_\_

☐ Other Describe \_\_\_\_\_

List all persons that currently reside in the above residence

Last Name	First Name	Sex	Date of Birth	Race	Hisp Y/N	Asthma Y/N

**RACE CODE:** **AI**=American Indian or Alaskan Native, **AS**=Asian, **B**=Black or African American, **PI**=Pacific Islander or Hawaiian, **W**=White, **AI & W** = American Indian or Alaskan Native & White, **AS & W**= Asian & White, **B & W**=Black and White, **AI & B**=American Indian or Alaskan Native & Black, **M**= Mexican. If other, describe in race box.

The LSC is a collaboration of partner organizations and I agree to allow the information and documents that pertain to my residence be shared with LSC partner agencies. I agree to allow the documents I have provided used for determining my eligibility can be made available to these partner agencies in order to determine my eligibility to receive services administered by these agencies.

I understand and certify that the information provided above is true and complete.

---

Applicant's Signature

---

Date

---

Co-Applicant's Signature

---

Date

## SAN DIEGO LEAD SAFETY COLLABORATIVE

### RISK ASSESSMENT QUESTIONNAIRE

**For Multi-Family Enrollments, complete one for each unit on the property**

**Property Address** \_\_\_\_\_

**Apt / Unit #** \_\_\_\_\_

**Unit is:** ☐ Owner Occupied ☐ Renter Occupied

**Year Of Construction:** \_\_\_\_\_

**Prior LBP Testing?** ☐ Yes ☐ No

**Name of owner interviewed** \_\_\_\_\_ **Owner Interview Date:** \_\_\_\_\_

**Name of resident interviewed (if rental unit)** \_\_\_\_\_ **Interview Date:** \_\_\_\_\_

**Name of risk assessor** \_\_\_\_\_

#### Children and Children's Habits

1. Do any children under age 6 live in the home or visit frequently? ☐ Yes ☐ No

2. If yes, how many? \_\_\_\_\_

3. Please provide the following information about each child under 6 to the extent you can.

	Child 1	Child 2	Child 3	Child 4
(a) Age:				
(b) Blood lead level:				
(c) Month/year of blood lead test:				
(d) Location of bedroom: (ie N, NE, SE..)				
(e) Main room where child eats:				
(f) Main room where child plays:				
(g) Main room where toys are stored:				
(h) Main locations where child plays outdoors:				

(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills? ☐ Yes ☐ No

(b) If yes, where? \_\_\_\_\_

#### Other Household Information and Family Use Patterns

5. (a) Do women of child-bearing age live in the home? ☐ Yes ☐ No

6. If this home is in a building with other dwelling units, what common areas in the building are used by children? \_\_\_\_\_

7. (a) Which entrance is used most frequently? \_\_\_\_\_

(b) What other entrances are used most frequently? \_\_\_\_\_

**SAN DIEGO LEAD SAFETY COLLABORATIVE**

**RISK ASSESSMENT QUESTIONNAIRE**

(PAGE 2 OF 2)

8. Which windows are opened most frequently? \_\_\_\_\_
9. Do you use window air conditioners?    ☐ Yes    ☐ No  
(b) If yes, where? \_\_\_\_\_  
\*Condensation underneath window air conditioners often causes paint deterioration.
10. (a) Do you or any other family members garden?    ☐ Yes    ☐ No  
(b) If yes, where is the garden? \_\_\_\_\_
11. (a) Are you planning any landscaping activities that will remove grass or ground covering?  
☐ Yes    ☐ No  
(b) If yes, where? \_\_\_\_\_
12. (a) Which areas of the home get cleaned regularly? \_\_\_\_\_  
(b) Which areas of the home do not get cleaned regularly? \_\_\_\_\_
13. (a) Are there any household members exposed to lead at work?    ☐ Yes    ☐ No  
(If no, go to question 14)  
(b) If yes, are dirty work clothes brought home?    ☐ Yes    ☐ No  
(c) If they are brought home, who handles dirty work clothes and where are they placed and cleaned?  
\_\_\_\_\_
14. (a) Do you have pets?    ☐ Yes    ☐ No  
(b) If yes, do these pets go outdoors? \_\_\_\_\_

**Building Renovations**

15. (a) Were any building renovations or repainting done here during the past year?    ☐ Yes    ☐ No  
(b) If yes, what work was done, and where? \_\_\_\_\_  
(c) Were carpets, furniture and/or family belongings present in the work areas?    ☐ Yes    ☐ No  
(d) If yes, which items and where were they? \_\_\_\_\_  
(e) Was construction debris stored in the yard?    ☐ Yes    ☐ No  
(f) If yes, please describe what, where and how it was stored \_\_\_\_\_
16. (a) Are you conducting or planning any building renovations?    ☐ Yes    ☐ No  
(b) If yes, what work will be done, and when? \_\_\_\_\_

# SAN DIEGO LEAD SAFETY COLLABORATIVE ASSESSMENT FORM

PROJECT SR#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo./day/year)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

<b>SECTION A. GENERAL HOME HEALTH AND SAFETY</b>	
1. Other than the child's bedroom, in what rooms do the children spend most of their time?	
2. Identify locations of any known broken stairs (Exterior or Interior)	
3. How much trash, litter, debris is present in the streets, roads, empty lots or any properties close to where you live?	
<input type="checkbox"/> None	<input type="checkbox"/> Minor Accumulation
<input type="checkbox"/> Major Accumulation	
4. Describe any occasional or constant odors that you are aware of in the house, and where they seem to originate from	
5. Do all the doors, windows, drawers and cabinets open and close properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If no, please explain any problems	
7. Do you experience any problems with opening windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Describe any other problems you have with the windows or window locks	
9. Can children access the window latches?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No children present
10. If window blinds are present, are the cords long enough to be reached by children?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No children present
11. If your home is multiple stories, do upstairs windows have low or child accessible windows?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
12. If so, do these windows have child safety guards installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. List any problems with the window guards and the railings on balconies or stairs	
14. Is there a problem with slipping or falling within the bathrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How much crime is in this area?	
<input type="checkbox"/> Very Little	<input type="checkbox"/> Moderate <input type="checkbox"/> Excessive
16. Do you have a burglar alarm system?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, but I have problems with it
17. Is the exterior lighting adequate to help you feel safe from intruders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you live in a noisy area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your home adequately block outside noises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. If there are any noises that make your living environment unpleasant, please explain	
<b>SECTION B. MOISTURE/MOLD</b>	
21. Identify the locations of any known water leaks from the roof, walls, windows or doors	



22. Identify locations of any known mold, mildew, and/or gray/black looking powder		
23. Identify and describe any room that seems to be excessively damp		
24. Does your plumbing or equipment make frequent unusual noises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. If yes, please describe the problem		
26. Do you have a drain for water and rain runoff on the exterior of the home?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
27. If yes, please describe the problem		
28. Do your toilets work properly/properly flush and drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Do you know of any damage to the toilets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Describe any problems with your toilets		
31. Do the bathroom sink(s) function properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Do you know of any leaks from the bathroom fixtures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Do you have both a hot and cold water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Do you have problems controlling the supply of hot or cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

35. Do you consider the hot water too hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
35. Is there any damage or defects to the sinks or showers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
36. Do sinks and showers drain properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
37. Describe in further detail any problems with the bathroom fixtures referenced above, including locations					
38. Do your washing machines properly drain the water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
39. Does your kitchen sink provide a steady flow of both hot and cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
40. Do you consider the hot water too hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
41. Does your kitchen sink function/drain properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
42. Do you smell any foul odors originating from your plumbing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
43. Describe in further detail any problems with the kitchen sink referenced above					
44. Do you have a smooth/cleanable counter space and flooring in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
45. Have you experienced any problems with the water supply or quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
46. Do you experience interruptions in the running of water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
47. If yes, does it happen frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
48. Describe in further detail any problems with your water supply/quality					
<b>SECTION C. PESTS</b>					
49. Check the column that best describes if you have any of the following problems to your knowledge					
	Don't Know	No Problem	Sometimes	Common	Very Bad
Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cockroaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedbugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Have you ever used sprays or foggers to get rid of insects?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
51. If so, how often?	
52. Describe any known holes or cracks in the floors, walls or ceilings	
<b>SECTION D. ASTHMA TRIGGERS/ALLERGENS</b>	
53. Select this box if your family already uses hypoallergenic mattresses/pillow covers	<input type="checkbox"/>
54. Select this box if sheets are washed in hot water	<input type="checkbox"/>
55. How often are the sheets washed?	
<input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Every 3 weeks <input type="checkbox"/> Every 4 weeks <input type="checkbox"/> >Every 4 Weeks	
<b>SECTION E. HEATING, VENTILATION AND AIR CONDITIONING</b>	
56. Select the type of heating for this home	
<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> I don't know	
57. How much maintenance do you do on your heating and air conditioning system?	
<input type="checkbox"/> None <input type="checkbox"/> Clean vents about once a year <input type="checkbox"/> Routinely clean the vents <input type="checkbox"/> Routinely clean vents, filters and drip pans	
58. Does your house get uncomfortably cold, uncomfortably hot, or do you feel drafts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. If yes, describe the problem including locations	
60. Does your heating system work?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not good enough <input type="checkbox"/> Yes, but we don't use it	
61. Are there any rooms or areas that the heat is a bigger problem than others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. If yes, describe the location(s) of the problem	

63. Do you have any problems with the Thermostat or heater controls?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. If yes, describe the location(s) of the problem				
65. Do you use any gas or propane-fueled heaters or appliances to heat the home such as the stove, propane space heaters, etc.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. If yes, describe in further detail				
67. Do you use any electric space heaters to heat your home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. If yes, are these heaters adequate to keep the home warm?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Is your attic insulated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
70. Are your walls insulated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
71. Is your insulation wet or damaged?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
72. Do you have an air conditioner?				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but doesn't work good enough	<input type="checkbox"/> Yes, but it doesn't work at all	<input type="checkbox"/> Yes, but we don't use it	<input type="checkbox"/> No
73. Are all the rooms well ventilated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
74. Is the attic well ventilated?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
75. Are there any problems with controlling the ventilation?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
76. Do your gas appliances (stove, oven, dryer, water heater) work?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> I don't know
77. Describe any problems you experience while using gas appliances				

78. Do you have problems with other appliances or systems? (Washer / Dryer / Heater/ Stove / Stove Exhaust Fans / Refrigerator )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79. If yes, describe the problem(s)		
<b>SECTION F. ELECTRICAL</b>		
80. Describe any known exposed or damaged electrical wiring		
81. Describe if you are aware of any out of date electrical components or any other problems with electricity such as sparking or lights flickering		
82. Do all the electric switches and outlets work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
83. If no, describe locations		
84. If children under 6 reside in the home, do outlets have child safety covers?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No children
<b>SECTION G. FIRE</b>		
85. Does your home have working smoke detectors?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
86. Does your home have a working carbon monoxide detector?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
87. Does your home have a working fire extinguisher?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
88. Do you know where the fire extinguisher is in your building?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know



## PEST CONTROL RESIDENTIAL PREPARATION CHECKLIST - CUSTOMER

- ☐ 1. Turn off aquarium air pumps and cover tanks and pumps with plastic wrap. Pump can be restarted about 3 hours after the treatment.
- ☐ 2. Remove pet birds from the apartment or if the bird(s) cannot be moved, place in ventilated room that will not be serviced.
- ☐ 3. Have pets treated by a veterinarian or utilize a "home use" product recommended for control of pests on the pet. Regular treatment of the pet is recommended.
- ☐ 4. Remove all food, dishes and utensils from the kitchen cupboards and cabinets. These may be placed on the kitchen table. Areas under sinks and in medicine cabinets in bathrooms should also be emptied.
- ☐ 5. Thoroughly vacuum and wash the inside of cabinets to remove any food material. Pay special attention to cracks and crevices.
- ☐ 6. Loose shelf paper should be removed. Do not replace until after the service has been performed and the area is thoroughly dry.
- ☐ 7. Inspect stored food product and dispose of any material infested by pantry pests.
- ☐ 8. Remove the drawers from dressers and place on floor.
- ☐ 9. All persons and pets should vacate the property during the treatment and should not re-enter the residence until treated floors, carpets and rugs are thoroughly dry. Under normal conditions, this may take 4 hours.
- ☐ 10. Remove all toys, pet food bowls, decorative items, storage, clothing, personal items, etc. off the carpet, floors and/or rugs. Remove all articles from under beds, on closet floors and from under furniture. Place these items on the beds or on tables.
- ☐ 11. Thoroughly vacuum all floors and upholstered furniture to remove hair, organic debris and developing insects. Remove vacuum cleaner bag and dispose of the contents in a sealed plastic bag. Pay special attention to areas frequented by pets. Repeat vacuuming every other day for the first week after treatment.
- ☐ 12. Move all furniture and/or storage away from the walls about 2 feet so the area is accessible for service. This is necessary in the following areas.  

---

---
- ☐ 13. Move firewood at least 3 feet away from the structure.
- ☐ 14. Move stored items (bricks, lumber, debris, etc.) at least 3 feet away from the structure.
- ☐ 15. Trim back or eliminate grass, weeds and heavy vegetation that is in contact with the structure.
- ☐ 16. Cut back any tree limbs or branches that touch the structure.
- ☐ 17. Remove all children's toys, pet toys and food dishes from around the exterior of the residence.
- ☐ 18. Clean debris from gutters and downspouts.
- ☐ 19. Seal exterior cracks at: \_\_\_\_\_
- ☐ 20. Repair leak at: \_\_\_\_\_
- ☐ 21. Other necessary preparations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

