

Form Approved
 OMB No. 0923-0048
 Exp. Date 06/30/2022

FORM 100 Home Schematic

ATSDR estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0048).

Place ID Sticker Here _____

Inspector and Date _____

Is this location a: (check one)

- Single Family Mobile Home Multi Family ≤ 4 units Multi Family > 4 units

If multi family, what floor is the main occupant entry (basement – 0, ground floor – 1, etc.): _____

Location has: (check one)

- Basement Slab Crawlspace

Total number of floors above ground for this residence/building: _____

Total number of rooms in residence: _____

Are there any detached painted structures? YES NO

Primary exterior covering: _____

Is primary exterior covering painted? YES NO

Primary water source: Private Well Public/Rural Other _____

<u>1 – Child’s Bedroom</u>	<u>2 – Kitchen</u>	<u>3 – Child’s Play Area</u>	<u>4 – Living Area</u>
Floor number: _____	Floor number: _____	Floor number: _____	Floor number: _____
Floor type: _____	Floor type: _____	Floor type: _____	Floor type: _____
Rug present: <input type="checkbox"/> Y <input type="checkbox"/> N	Rug present: <input type="checkbox"/> Y <input type="checkbox"/> N	Rug present: <input type="checkbox"/> Y <input type="checkbox"/> N	Rug present: <input type="checkbox"/> Y <input type="checkbox"/> N
Condition: _____	Condition: _____	Condition: _____	Condition: _____
Is room also child’s main play area? <input type="checkbox"/> Y <input type="checkbox"/> N	Is room also child’s main play area? <input type="checkbox"/> Y <input type="checkbox"/> N	Is room also child’s main play area? <input type="checkbox"/> Y <input type="checkbox"/> N	Is room also child’s main play area? <input type="checkbox"/> Y <input type="checkbox"/> N
Comments:	Comments:	Comments:	Comments:

Appendix I1

--	--	--	--

- Exterior covering: 1-Wood, 2-Brick, 3-Cement Block, 4-Vinyl/Metal Siding, 5-Other (specify)
- Floor type: 1-Wood, 2-Linoleum, 3-Ceramic Tile, 4-Wall-to-Wall Carpet
- General Condition (scale 1-5): 1-very neat, uncluttered, no dust/soiling – 5-very messy, cluttered, dusty/soiled