

## MDHSS Consent Form to Access for Environmental Investigation



### Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-8010  
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Richard W. Moore  
Acting Director



Michael L. Parson  
Governor

### Request to Perform ATSDR Lead Exposure Investigation

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

As owner and/or occupant, you are hereby notified that a licensed lead risk assessor employed by the Missouri Department of Health and Senior Services (DHSS) will be conducting sampling and investigation activities as part of your voluntary participation in a lead exposure investigation conducted by the Agency for Toxic Substances and Disease Registry (ATSDR) Exposure Investigation in Jasper and Newton Counties.

Identification of the lead hazards include interviewing the occupant(s) about potential exposures and conducting a lead exposure investigation of the property. This investigation will require environmental samples be collected (i.e. XRF, dust wipes, water) by DHSS staff. Results from all sampling will be provided to the owner/occupant as described in the ATSDR Exposure Investigation participant consent and assent forms.

Approval for this lead exposure investigation and access to the dwelling requires written approval of **either** the owner or resident of the structure. Please provide your consent and signature below so that we may proceed with this investigation. We understand the inconvenience that this situation may impose, but trust you will appreciate our assistance in establishing a safer environment for the occupants of the home. Thank you for your cooperation in this matter.

If you have any questions or concerns please contact \_\_\_\_\_ at  
(Name and Title of Public Health Official)

\_\_\_\_\_  
(Telephone number)

I, \_\_\_\_\_, hereby **DO / DO NOT** voluntarily and without threats or promises of any kind grant consent to proceed with this Lead Exposure Investigation conducted at the above-mentioned address to identify lead hazards. By my signature I acknowledge that I am authorized to grant the access requested.

Adult Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Risk Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_