

Ohio Department of Health
Lead Visual Assessment Form
 As required by Ohio Administrative Code Chapter 3701-32-07(G)(3)

Property Owner Name		Date of Assessment	
Property Address	City	State OH	Zip
Lead Risk Assessor Name		Lead Risk Assessor License #	

A. OVERALL BUILDING CONDITION – GENERAL OBSERVATIONS

Condition	Yes	No	Notes
Roof missing parts of surfaces (tiles, boards, shakes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Roof has holes or large cracks	<input type="checkbox"/>	<input type="checkbox"/>	
Gutters or downspouts broken, missing or leaking	<input type="checkbox"/>	<input type="checkbox"/>	
Chimney masonry cracked, bricks loose or missing, obviously out of plumb	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation has major cracks, missing material, structure leans, or visibly unsound	<input type="checkbox"/>	<input type="checkbox"/>	
Porch or steps have major elements broken, missing or boarded up	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior siding and/or trim has missing boards, pieces, shingles, or rotted wood	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior or interior walls have obvious large cracks or holes, requiring more than routine pointing (if masonry) or painting	<input type="checkbox"/>	<input type="checkbox"/>	
Water stains on interior walls or ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Walls, floors or ceilings deteriorated	<input type="checkbox"/>	<input type="checkbox"/>	
Two or more windows or doors broken, missing or boarded up	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

B. AREAS OF BARE SOIL

Location	Check all that apply			Notes
	Play Area	Non-Play Area ¹	Samples Collected	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ If Non-Play Area is selected, list in "Notes" if bare soil is in dripline/foundation or rest of the yard.

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C. INTERIOR AND EXTERIOR SURFACES

Location – exterior or room equivalent, wall side, building component	Check all that apply							Samples Collected	Paint Condition I = Intact Or D = Deteriorated	XRF Result mg/cm ²	Notes
	Surface Type			Possible Causes							
	Friction	Impact	Chewable	Moisture Problem	Deteriorated Substrate	Severe Heat	Other				
	<input type="checkbox"/>										
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* If information above is already listed in a separate XRF report or document, indicate as such and attach the report or document to this visual assessment form.