

APPENDIX C



City of Chicago
Richard M. Daley, Mayor

Chapter 1 Department
of Public Health

John L Wilhelm, M.D., M.P.H
Commissioner

Childhood Lead Poisoning
Prevention Program

2nd Floor
2133 West Lexington Street
Chicago, Illinois 60612
(312) 746-7820
(312) 747-9888 (24 Hours)

<http://www.cityofchicago.org>

NOTICE

DATE:

RE:

Dear

The Chicago Department of Public Health has been notified by the Illinois Department of Public Health that there has been a report of a child with lead poisoning residing in the above stated dwelling unit. Lead poisoning represents one of the greatest preventable health problems to our children today. Your help is needed. **The Department of Public Health is required by law to inspect this unit for possible lead hazards.** (Lead Poisoning Prevention Act 410 ILCS 45/1 ETSEQ and City Ordinance 9-7-4-14).

Your cooperation is requested in order for an inspector to gain entry and inspect for possible lead hazards. Please contact Inspector _____ at (312) 746-7820 between 8:00 a.m. and 9:00 a.m. Monday - Friday to arrange an appointment.

Failure to comply may increase your liability in this matter and subject you to further legal action.

Sincerely,

Building Inspector
Environmental Lead Program

AA:ms



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NOTIFICACION

FECHA:

SOMETIDO:

ESTIMADO:

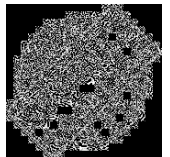
El Departamento de Salud de Chicago a sido notificado por el Departamento de Salud de Illinois, que se a reportado un nino/a con envenenamiento de plomo viviendo en este edificio. El envenenamiento por plomo representa uno de los mas graves pero prevenibles problemas de salud que afectan a los ninos hoy en dia. Las leyes requieren que el Departamento de Salud inspeccione la unidad de vivienda para asesorarce de algun peligro de plomo. (Acto de Prevencion de Plomo 410s 45/1ETSEQ Ordenansa de la Ciudad 9-7-4-14).

Su cooperacion es requerida para que un inspector pueda entrar e inspeccionar la vivienda por algun peligro de plomo. Por favor llame al Inspector _____ al (312) 746-7820 entre 8:00 a.m. y 9:00 a.m. de Lunes a Viernes para fijar una cita.

Falta de cooperacion en este caso puede aumentar su responsabilidad y exponerlo a acciones legales.

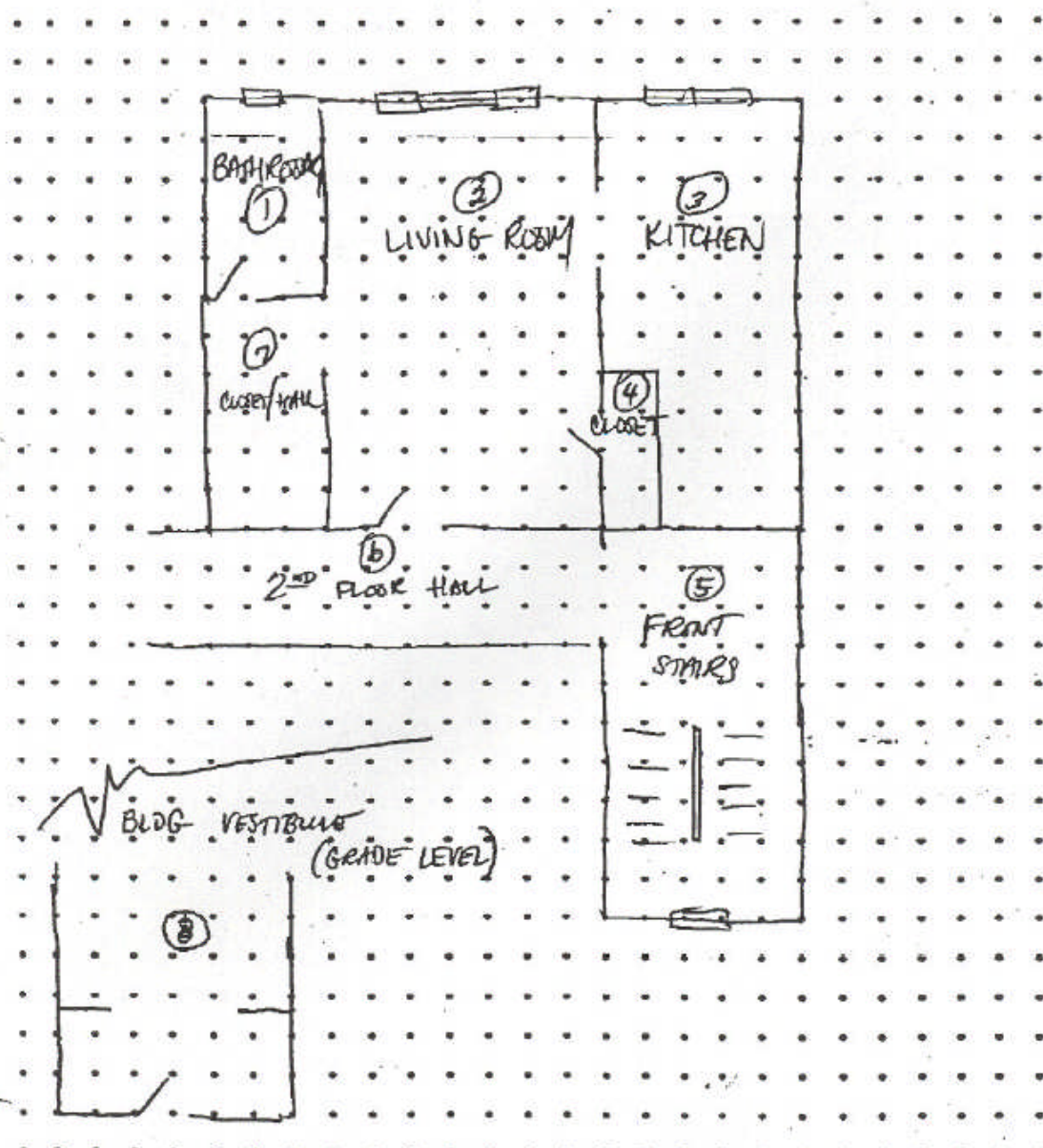
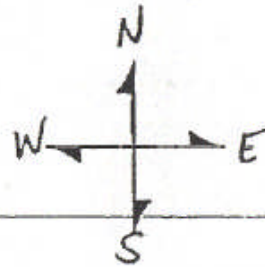
Atentamente,

Inspector
Programa Ambiental de Plomo



Chicago Department of Public Health
DRAWING FORM

NOT TO SCALE
To illustrate location only



ADDRESS _____ INSP. INITIALS EC + JR

APARTMENT _____ IV-C-3 _____ DATE _____

“Jacket Cover” – the cover sheet of the case file that the City inspector takes into the field.

CHICAGO DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL LEAD PROGRAM
 XRF PAINT INSPECTION & TESTING REPORT

ADDRESS / APT				DATE		INITIAL		PAGE _____ OF _____							
ROOM NAME					NUMBER			ROOM NAME					NUMBER		
NOTES						NOTES									
<input type="checkbox"/> ALL COMPONENTS TIGHT						<input type="checkbox"/> ALL COMPONENTS TIGHT									
<input type="checkbox"/> ALL OTHER COMPONENTS TIGHT						<input type="checkbox"/> ALL OTHER COMPONENTS TIGHT									
DIR	COMPONENT	SAMP	READ / RESULT	PAINT COND	RISK	DIR	COMPONENT	SAMP	READ / RESULT	PAINT COND	RISK				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				
		C W		P F G	OLMH			C W		P F G	OLMH				

“Porch Form” – used by City lead inspectors to make referrals to the Department of Buildings for porches that are in disrepair and in need of structural inspection.

**CHICAGO DEPARTMENT OF PUBLIC HEALTH
FRONT-REAR PORCH/DOB REFERRAL FORM**

Address: _____ Apt. _____ Initials _____ Date _____

FRONT PORCH	Reading	FAIL	Comment
Deck			
Railings			
Pickets			
Uprights			
Ceiling			
Siding N/elev.			
Siding E/elev.			
Siding S/elev.			
Siding W/elev.			
Steps			
System T			

REAR PORCH	Reading	FAIL	Comment
Deck			
Railings			
Pickets			
Uprights			
Ceiling			
Siding N/elev.			
Siding E/elev.			
Siding S/elev.			
Siding W/elev.			
Steps			
System T			

Environmental Health and Building Referrals

- | | | | |
|-------------------------|--------|--------|-------|
| 1. Unsanitary conditons | y_____ | n_____ | _____ |
| 2. Rodents | y_____ | n_____ | _____ |
| 3. Roaches | y_____ | n_____ | _____ |
| 4. Defective plumbing | y_____ | n_____ | _____ |
| 5. Defective electrical | y_____ | n_____ | _____ |
| 6. D & H Front Porch | y_____ | n_____ | _____ |
| 7. D & H Rear Porch | y_____ | n_____ | _____ |
| 8. Poor Heat | y_____ | n_____ | _____ |
| 9. _____ | y_____ | n_____ | _____ |
| 10. _____ | y_____ | n_____ | _____ |

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
333 S. State St. - Room 200
Chicago, IL 60604-3972

INSPECTION REPORT
VIOLATION(S) FOUND

Last Inspection Date: _____

Property Address: _____

On the date noted above, an inspection of the property was performed and the following violations of Chapter 7-4-030 of the Municipal Code of Chicago were found to exist at the premises. These violations have not been mitigated. A diagram of the subject premises is attached hereto as (Exhibit A) and made a part of this notice of violation.


The apartment located at _____ has chipping, flaking, or peeling lead paint and/or lead dust in the following locations:

Violation Number	Location
1. } 2. }	Bathroom North Exterior Window System Tub
	Front Stairs South Exterior Window System
3.	Kitchen North Exterior Window System
4.	Living Room North Exterior Window System
5.	Building Vestibule South Wall
6.	North Wall
7.	East Wall
8.	West Wall
9.	Ceiling
10.	

End of Violations

SAMPLE PROOF OF SERVICE

I, Earl Coleman, an employee of the City of Chicago's Department of Public Health, certify that I have conducted an inspection of the above referenced premises on the date indicated. I further certify that I have observed the alleged violations cited and believe that the violation as set forth in this instrument are true and correct.


Inspector Earl Coleman

REINSPECTION FORM

Address _____ Apt. _____

Original Reinspection Date _____ Mailing Date _____

U H M L DOB Collat. Spec. Insp. School

First Reinspection Date _____

Second Reinspection Date _____

To Suit (date) _____ Supvr. _____

Did owner attend Compliance Hearing? Yes No

Building Construction:

Brick _____ Frame _____ No. of Floors _____ No. of Apts. _____
 Attic Y _____ N _____ Basement Y _____ N _____
 Lot Size _____ x _____ Area _____
 Building Size _____ x _____ Floor Area _____

Revised 7/93

Revised

6-C-VI
 Zip: 806 _____ District _____
 CA _____ CHA _____
 Address of Insp. _____ Apt. _____
 Address of Victim _____ Apt. _____
 Complete Building Address _____ U _____ H _____
 M _____ L _____
 DOB _____
 Collat. _____
 Sp. Insp. _____
 School _____
 Name of Victim _____
 Parent or Guardian _____
 Phone _____ Insp. Date _____
 Complaint Date _____
 Inspectors _____
 Reviewed by _____
 Field Checked _____
 Samples _____ Machine Readings _____
 W/A? Y _____ N _____
 Owner _____
 Address of Owner _____
 Phone _____