

Infant's Information

Last \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_ Case Number \_\_\_\_\_

Complete this form only if the scene of the incident or death scene is NOT the primary residence.

1 Address of primary residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 How many people live at the infant's primary residence?

\_\_\_\_\_ Number of adults (18 years or older) \_\_\_\_\_ Number of children (under 18 years old)

3 What type of building is the primary residence?

- Apartment, Multifamily home, Institution, Single family house, Mobile home, Other

4 Which of the following heating or cooling sources were being used? (Check all that apply)

- Central air, A/C window unit, Ceiling fan, Floor/table fan, Window fan, Gas furnace or boiler, Electric furnace or boiler, Electric space heater, Electric baseboard heat, Electric (radiant) ceiling heat, Wood burning fireplace, Coal burning furnace, Kerosene space heater, Other, Open window(s), Wood burning stove, Unknown

5 The infant's primary residence has: (Check all that apply)

- Insects, Smoky smell, Dampness, Visible standing water, Mold growth, Pets, Peeling paint, Rodents or vermin, Odors or fumes, Presence of alcohol containers, Presence of drug paraphenalia, Other

6 What was the source of drinking water at the infant's primary residence? (Check all that apply)

- Public/Municipal water source, Well, Bottled water, Unknown, Other

7 What is the general appearance of the infant's primary residence? (ex. cleanliness, hazards, overcrowding, etc.)

Multiple blank lines for handwritten notes regarding the appearance of the residence.

Section completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ by \_\_\_\_\_

How conducted: [ ] In person [ ] Telephone [ ] Other \_\_\_\_\_

