Infant's Information					
Las		First	M Case Num	ber	
Complete this form only if the scene of the incident or death scene is <i>NOT</i> I the primary residence.					
1	Address of primary residence:				
	Street	City		State Zip	
2	How many people live at the inf	fant's primary residence?			
	Number of adults (18 years or older) Number of children (under 18 years old)				
3					
	Apartment	Multifamily home	Institution (ex. shelter)		
	Single family house	Mobile home	☐ Other <b>⊏</b> > Specify:		
4	4 Which of the following heating or cooling sources were being used? (Check all that apply)				
	Central air	Gas furnace or boiler	☐ Wood burning fireplace	Open window(s)	
	A/C window unit	Electric furnace or boiler	Coal burning furnace	Wood burning stove	
	Ceiling fan	Electric space heater	Kerosene space heater		
	Floor/table fan	Electric baseboard heat	□ Other 🖒 Specify:		
	Window fan	Electric (radiant) ceiling heat	Unknown		
5	<b>5</b> The infant's primary residence has: (Check all that apply)				
	Insects	Mold growth	Odors or fumes: Describe:		
	Smoky smell (like cigarettes)	Pets	Presence of alcohol containers		
	Dampness	Peeling paint	Presence of drug paraphenalia		
	Visible standing water	Rodents or vermin	□ Other 🖒 Specify:		
6	What was the source of drinkin	g water at the infant's primary r	esidence? (Check all that apply)		
	Public/Municipal water source	Bottled water	☐ Other 🖒 Specify:		
	Well	Unknown			
7	7 What is the general appearance of the infant's primary residence? (ex. cleanliness, hazards, overcrowding, etc.)				
Section completed on/ at by					
How conducted: In person Telephone Other					

**K - PRIMARY RESIDENCE INVESTIGATION** 

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