

Complete this form only if the scene of the incident or death scene is *different* from the primary residence.

P. PRIMARY RESIDENCE

Infant's last name

First name

1 If other than English, indicate the preferred spoken language at the infant's primary residence:

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 is the general appearance of the infant's primary residence (e.g., cleanliness, hazards, overcrowding, etc.)?

4 What type of building is the primary residence?

Apartment Multifamily home Institution (e.g., hospital, shelter)
 Single family house Mobile home Other → Specify

5 How many stories does the primary residence have?

Number of stories

6 Indicate the number of rooms at the infant's primary residence:

Bedroom(s) Separate dining room(s) Bathroom(s) Other
 Living room(s) Kitchen(s) Garage(s) → Specify

7 Were there any heating or cooling sources in use at the infant's primary residence?

Yes No → Skip to question **9** below

8 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

9 The infant's primary residence has: (check all that apply)

Odors or fumes Mold growth Insects
 Smoky smell (like cigarettes) Pets Presence of alcohol containers
 Dampness Peeling paint Presence of drug paraphernalia
 Visible standing water Rodents or vermin Other → Specify

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

Public/ Municipal water source Bottled water Other → Specify
 Well Unknown

11 List all living animals (pets) that had access to the immediate environment of the infant:

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
a) Type of animal (e.g. cat, dog)	<input type="text"/>				
b) Approximate weight of animal (lbs.).....	<input type="text"/>				
c) Animal had access to the room where the infant was found	<input type="checkbox"/> Yes <input type="checkbox"/> No				
d) Animal was found sleeping by the infant.....	<input type="checkbox"/> Yes <input type="checkbox"/> No				
e) Animal is known to sometimes sleep by the infant	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section completed on / / at : by

Where/How