

Worksheet 2 - Blood Lead Level (BLL) Information*Blood Lead Level for: **JURISDICTION**

Name of JURISDICTION: _____

Total Number of Children < 6 Years (72 months) of Age in Target Area: _____ % of Total Population: _____

Total Number of Children < 6 Years Tested for Blood Lead Levels: _____ % of Children < 6 years of age Tested: _____

Blood Lead Level	Number of Children Under 6 Years (72 mo) of Age with following BLL Results	% of Total
< 10 µg/dL		
≥ 10 µg/dL and < 15 µg/dL		
≥ 15 µg/dL and < 20 µg/dL		
≥ 20 µg/dL		
Total Tested		100 %
Source and Date of Estimate (Indicate Period Covered)		

*State or Local Health Departments may be good reference sources for obtaining this information