

# ABATEMENT OF LEAD HAZARDS NOTIFICATION

## POST AT ALL ENTRANCES TO WORK AREA AND STRUCTURE

Work is being conducted to abate lead-based paint or lead hazards in or on this structure. For more information please contact the individuals and/or agencies listed below.

**Section 1: Structure Where Abatement of Lead-Based Paint or Lead Hazards is Scheduled**

Address [number, street, apartment number (if applicable)]:	City:	County:	Zip Code:
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Type of Structure (**Check One Box Only**):

- |                        |   |                 |
|------------------------|---|-----------------|
| Single Family Dwelling | School, Daycare, or Other Child-Occupied Facility | Public Building |
| Multi-Unit Building    | Commercial Facility                               | Other _____     |

**Section 2:**

A. List Summary of Specific Task(s) That Will Be Done:

- |  |  |  |                        |             |
|--|--|--|------------------------|-------------|
| <input type="checkbox"/> Encapsulation | <input type="checkbox"/> Component Replacement | <input type="checkbox"/> Component Removal | Soil Removal/Abatement | Other _____ |
| Paint Stabilization                    | Chemical Stripping                             | Dust Removal/Control                       | Wet Scraping           |             |

B. Specific Location(s) Where Lead-Based Paint or Lead Hazards Will Be Abated: \_\_\_\_\_

C. Description of Work To Be Performed: Interior Exterior Both Interior and Exterior

D. Type of Abatement (**Check One Box Only**): Permanent ( $\geq 20$  years) Temporary ( $< 20$  years)

E. Do Any Children Reside on the Premises: Yes  No Don't Know

**Section 3:**

Projected Starting Date:	Projected Ending Date:
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**Section 4: Restrictions on Entering Work Areas**

List Specific Work Hours:

**Section 5: Property Owner or Manager**

Last Name:	First Name:	Telephone Number: ( )
Address (number, street):	City:	State: Zip Code:

**Section 6: Individual Conducting Abatement (Supervisor and Company)**

Name of Company:	Last Name:	First Name:	Telephone Number: ( )
DHS Certification Number ( <b>Required</b> ):	Address [number, street, suite number (if applicable)]:	City:	State: Zip Code:

**Section 7: Local Environmental Health Agency (Required)**

Agency Name:	Telephone Number: ( )
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This form shall be mailed or faxed to:  
 Childhood Lead Poisoning Prevention Branch  
 Reports  
 850 Marina Bay Parkway, Bldg. P, Third Floor  
 Richmond, CA 94804  
 Phone: (510) 620-5600  
 Fax: (510) 620-5656

Is this form a revision of a previously submitted abatement notification form?

Yes (date of other form) \_\_\_\_\_

No

Cancelled Project