

## LEAD HAZARD EVALUATION REPORT

**Section 1-Date of Lead Hazard Evaluation** \_\_\_\_\_

**Section 2-Type of Lead Hazard Evaluation** (Check one box only)

Lead inspection      Risk assessment      Clearance inspection      Other (specify) \_\_\_\_\_

**Section 3-Structure Where Lead Hazard Evaluation Was Conducted**

Address [number, street, apartment (if applicable)]	City	County	ZIP code
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Construction date (year) of structure	Type of structure (check one box only)	Single family dwelling
	Multi-unit building      Child-occupied facility	Other (specify) _____

**Section 4-Owner of Structure** (if business/agency, list contact person)

Name	Telephone number (     )
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Address [number, street, apartment (if applicable)]	City	State	ZIP code
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**Section 5-Results of Lead Hazard Evaluation** (Check one box only)

**No lead-based paint detected.**

A lead inspection was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1 Chapter 8. No lead-based paint was detected during this lead inspection. This structure is found to be lead-based paint free.

**No lead hazards detected**

Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations Division 1, Chapter 8. No lead hazards were detected.

**Lead-based paint and/or lead hazards detected.**

Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations Division 1, Chapter 8. Lead-based paint and/or lead hazards were detected.

**Section 6-Individual Conducting Lead Hazard Evaluation**

Name	Telephone Number (     )
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Address [number, street, apartment (if applicable)]	City	State	ZIP code
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Brand name and serial number of any portable x-ray fluorescence (XRF) instrument used (if applicable)

DHS certification number	Signature <b>X</b>	Date
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**Section 7-Attachments**

- A. A foundation diagram or sketch of the structure indicating the specific locations of each lead hazard or presence of lead-based paint;
- B. Each testing method, device, and sampling procedure used;
- C. All data collected, including quality control data, laboratory results, including laboratory name, address, and phone number.

*First copy and attachments retained by inspector*

*Second copy and attachments retained by owner*

*Third copy only (no attachments) mailed or faxed to:*

Childhood Lead Poisoning Prevention Branch  
 Reports  
 850 Marina Bay Parkway, Building P, Third Floor  
 Richmond, CA 94804-6403  
 Fax: (510) 620-5656