

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 (≥ 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 (Required):	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