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 Evalue Address [number, street, apartment (if applicable)]	Was Conducted City		County	Zip Code		
		,				
Construction date (year) of structure Type of structure Multi-unit building Single family dwe		School or daycare Other		Children living in structure? Yes No Don't Know		
Section 4 — Owner of Structure (if business/agency, list contact person)						
Name			Tele	phone number		
Address [number, street, apartment (if applicable)]		City	'	State	Zip Code	
Section 5 — Results of Lead Hazard Evaluation (check all that apply)						
No lead hazards detected Lead-contaminated dust found Lead-contaminated soil found Other Section 6 — Individual Conducting Lead Hazard Evaluation Name Telephone number Address [number, street, apartment (if applicable)] City State Zip Code						
CDPH certification number	Signa	ature			Date	
Name and CDPH certification number of any other individuals conducting sampling or testing (if applicable)						
Section 7 — Attachments						
 A. A foundation diagram or sketch of the structure indicating the specifc 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		Third copy only (no	attach	ments) mailed or faxed to:		
Second copy and attachments retained by owner		Childhood Lead Pois 850 Marina Bay Parl Richmond, CA 9480	California Department of Public Health Childhood Lead Poisoning Prevention Branch Reports 850 Marina Bay Parkway, Building P, Third Floor Richmond, CA 94804-6403 Fax: (510) 620-5656			