

Do Not Write In This Space

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| Postmark | Date received | Notification number |
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Ohio Department of Health • Lead Poisoning Prevention Program

Prior Notification of Lead Abatement Projects

Carefully read all the instructions and questions prior to completing the notification form

- Each lead abatement contractor shall notify the department of health at least 10 calendar days prior to the commencement of a project as required by Chapter 3742 of the Ohio Revised Code and Chapter 3701-32 of the Ohio Administrative Code. If the on-line prior notification system is utilized the project notification period is reduced to no less than three days.
- Three day notifications utilizing the on-line system shall be submitted via access from the Ohio Department of Health webpage www.odh.ohio.gov. Ten day written notifications shall be legibly completed and sent to the Ohio Department of Health, Division of Quality Assurance, Attn: Lead Poisoning Prevention Program, 3rd floor, 246 North High Street, Columbus, Ohio 43215. You may also e-mail the original notification to lead@odh.ohio.gov.
- Please complete all sections of the notification. The notification will be returned if any information is lacking. The appropriate waiting period will commence when all information requested is supplied.
- Type of notification: Original Cancellation Revision # _____ Revised section number(s) _____

Complete the following information. Please be accurate and specific when giving locations, names and dates.

| | | | |
|------------------------|------|--------------------------|-----|
| 5. Building owner name | | | |
| Address | City | State | ZIP |
| Contact person | | Telephone # () | |

| | | | |
|--|-----------------|--------------------------|-----|
| 6. Licensed Lead Abatement Contractor | | | |
| License # | Expiration date | E-mail address | |
| Employer | | Telephone # () | |
| Employer street address | City | State | ZIP |
| Name of Risk Assessor/Inspector who performed testing, if applicable | | License # | |

Project Information

| | | | |
|--|---|--|---------------------------------|
| 7. Building type (check one) | | | County |
| <input type="checkbox"/> Single family residential | <input type="checkbox"/> Multi-family residential | <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> School |
| Address | City | State | ZIP |
| Site location (Include brief directions) | | | |

Project Description

| | | | | | |
|--|--|--|------------------------------------|--|---|
| 8. Types of abatement | | | | | |
| <input type="checkbox"/> Interior work | <input type="checkbox"/> Exterior work | <input type="checkbox"/> Component replacement | <input type="checkbox"/> Enclosure | <input type="checkbox"/> Encapsulation | <input type="checkbox"/> Dust abatement |
| <input type="checkbox"/> Paint removal | <input type="checkbox"/> Soil | <input type="checkbox"/> Other (specify) _____ | | | |

Abatement dates

| | |
|---|-----------------|
| 9. Start date | Completion date |
| Hours of operation | |
| <input type="checkbox"/> _____ am to _____ pm <input type="checkbox"/> _____ pm to _____ am | |
| Days of operation | |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | |
| Comments | |

| | |
|--|------|
| 10. Signature of person filing this notification | Date |
|--|------|