

# Lead Hazard Reduction Report

## Instructions

**This report must be completed by the individual who did the lead hazard reduction.**

Fill in the report completely.

Do not leave any item blank. If the item did not apply to your lead hazard reduction, write “Not Applicable” or “N/A”

**Item A** – Fill in the address of the property where the lead hazard reduction occurred.

**Item B** – Fill in the start and end dates of the lead hazard reduction in the MM/DD/YYYY format.

**Item C** – If you are a MDH lead certified firm, fill in the lead certified firm’s information including the MDH issued firm certification number. It will be in the LF12345 format. If you are a sole proprietor or a property owner doing the lead hazard reduction, check the box at the bottom of this item and do not fill in the certified lead firm information.

**Item D** – Fill in the name of the lead supervisor or property owner who did the lead hazard reduction.

**Item E** – Check ONE of the boxes for the Occupant Protection Plan.

**Item F** – Check as many of the methods that applied to your lead hazard reduction.

**Item G** – Check as many of the areas that applied to your lead hazard reduction.

**Item H** – Check ONE of the reasons for doing this lead hazard reduction.

**Item I** – Check ONE of the encapsulant/enclosure monitoring selections.

**Item J** – Attach a copy of the lead clearance inspection report is attached. This must be a full report from the risk assessor who conducted the clearance inspection of the property.

**Item L** – Attach a copy of your lead supervisor license or check the property owner box.

**Item K** – Sign this report and date it in the MM/DD/YYYY format.

This report template must be completed at the end of the lead hazard reduction.

This report must be maintained by the person completing the report for three (3) years.

For questions or more information, call 651-201-4620 or visit the [MDH website](http://www.health.state.mn.us/topics/lead/) (<http://www.health.state.mn.us/topics/lead/>)

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# Lead Hazard Reduction Report

## Item A - Address of Affected Property

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Item B - Start and End Dates of Lead Hazard Reduction

Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

## Item C - Lead Certified Firm Information

Lead Firm's MDH Certification Number (Ex: LF1234) \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

OR

I am a sole proprietor or the property owner and am not required to be a lead certified firm

## Item D - Individual in Charge of Lead Hazard Reduction

*Must match Items L and K*

\_\_\_\_\_

## Item E - Occupant Protection Plan

Building is unoccupied until clearance achieved. Occupant Protection Plan not required

OR

A copy of the Occupant Protection Plan is attached

## Item F - Lead Hazard Reduction Methods

Wash and rinse surfaces       Component replacement       Wet scrape and repaint

Encapsulate/Enclosure       Paint stripping       Component planing

Remove contaminated soil/paint chips and cover with wood chips/other non-living material

Remove contaminated soil/paint chips and cover with sod/other living material

Remove contaminated soil and cover with concrete/other impervious material

## Item G - Areas Where Lead Hazard Reduction Occurred

### Interior Lower Level

Bedroom  Family Room  Bathroom  Furnace/Storage Area

Other \_\_\_\_\_

### Interior Main Level

Kitchen  Dining Room  Living Room  Bathroom  Bedroom  Hall

Other \_\_\_\_\_

### Interior Upper Level

Hall  Bedroom 1  Bedroom 2  Bedroom 3  Bathroom

Other \_\_\_\_\_

### Exterior

Siding  Soffit/Fascia  Windows  Doors  Garage  Soil

Other \_\_\_\_\_

## Item H - Reason Lead Hazard Reduction

As ordered by a lead assessing agency

As required by property owner

As required by agency providing HUD funding

## Item I - Monitoring for Encapsulant or Enclosure

Re-inspect and monitor encapsulated or enclosed components annually

Did not perform encapsulation or enclosure

Other \_\_\_\_\_

## Item J - Copy of the Clearance Inspection Report

A copy of the Clearance Inspection Report is attached

## Item L - License of the Person Who Wrote This Report

A copy of the lead license is attached.

I am a Property Owner (not applicable)

## Item K - Signature of the Person Who Wrote This Report

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM/DD/YYYY