

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) <input type="checkbox"/> Multi-unit building <input type="checkbox"/> School or daycare <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Other (specify) _____
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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 all that apply)

No lead-based paint detected. Lead-based paint detected.
 No lead hazards detected. Lead hazards 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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CDPH certification number	Signature	Date
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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 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:
 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