

Lead Hazard Reduction Report

Ver 7/11

The Minnesota Department of Health has developed this report template to help contractors comply with the recordkeeping requirements defined in Minnesota Rules, part 4761.2680, subpart 3. Provide complete information for each item listed below.

Questions? Call 651-201-4620 or visit our website at www.health.state.mn.us/lead

Item A. Address of affected property:

Address: _____

City: _____ State: _____ ZIP: _____

Item B. Start and end dates of the project (mm/dd/yyyy):

Start Date: _____ End Date: _____

Item C. Name, address and phone number of the Lead Certified Firm:

Lead Firm's MDH Certification Number: _____

Firm Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

OR

I am a sole proprietor or the property owner and am not required to be a Lead Certified Firm.

Item D. Name of the lead supervisor or person who performed the lead hazard reduction work:

Item E. Copy of the Occupant Protection Plan (OPP): (pick one)

Building was unoccupied until Lead Hazard Reduction was completed and Clearance achieved. OPP not required.

OR

A copy of the OPP report is attached.

Item F. Descriptions of the lead hazard reduction methods used: (check all that apply)

Wash and rinse surfaces Component replacement Wet scrape and repaint

Encapsulate Paint stripping Component planing

Remove contaminated soil/paint chips and cover with wood chips/permeable, 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. Location of the rooms or building components where lead hazard reduction occurred:

Interior: (check all that apply)

Lower level

Bedroom Family room Bathroom Furnace/storage area

Other _____

Main level

Kitchen Dining room Living room Bathroom Bedroom Hallway

Stairs to lower level Stairs to upper level

Other _____

Upper level

Bedroom 1 Bedroom 2 Bedroom 3 Bathroom Hallway

Other _____

Exterior: (check all that apply)

Siding Soffit/fascia Window trim Door trim Garage Soil

Other _____

Item H. Reason for selecting the particular LHR methods: (pick one)

- As ordered by a lead assessing agency
- As required by property owner
- As required by agency providing HUD funding

Item I. Suggested monitoring for encapsulants or enclosures: (pick one)

- Re-inspect and monitor encapsulated or enclosed components annually.
- Did not perform encapsulation or enclosure.
- Other: Explain _____

Item J. Copy of the Clearance Inspection Report:

A copy of the Clearance Inspection Report is attached.

Item L. Copy of the lead supervisor's or project designer's MDH lead license (hardcard) for the individual who completed this report: (pick one)

A copy of the lead license is attached. Property Owner (not applicable)

Item K. Signature of the licensed lead supervisor, project designer, or property owner who completed the lead hazard reduction work and this report.

Signature

Date