

# Lead Hazard Reduction Report

## Item A - Address of affected property

Address \_\_\_\_\_

City \_\_\_\_\_ State Minnesota ZIP \_\_\_\_\_

## Item B - Start and end dates of the project (mm/dd/year)

Start date \_\_\_\_\_ End date \_\_\_\_\_

## Item C - Name, address and phone number of the lead certified firm

Lead firm's MDH certification number (Ex: LF1234) \_\_\_\_\_

Firm name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

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/person performing the lead hazard reduction

\_\_\_\_\_

## Item E - Copy of the occupant protection plan - pick one

Building is unoccupied until clearance achieved. Occupant protection plan not

OR

required A copy of the occupant protection plan is attached

## Item F - Description of the lead hazard reduction methods used - check all that apply

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/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

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Item G - Location 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 lead hazard reduction 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 encapsulant or enclosure - 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 MDH lead license of the person who completed this report (pick one)

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

Item K - Signature of the person who completed the lead hazard reduction work and this report

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Signature

Date