



# NOTIFICATION OF LEAD HAZARD REDUCTION

**TYPE OF NOTICE** *(Check one)*

Initial Notification       Amend Notification (Circle amended information)       Cancel Notification

**ENTITY PERFORMING LEAD HAZARD REDUCTION**

Was the work ordered by a public health agency?       Yes       No      *(If "Yes" mark agency below)*

Minneapolis     St Paul/Ramsey     Dakota Co     Hennepin Co     St Louis Co     Stearns Co     MDH

*If property owner is conducting work:*

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

*I have completed lead safe work practice training as required by Minnesota Rules, 4761.2220, item A.*

Signature of Property Owner: \_\_\_\_\_ Date of Training: \_\_\_\_\_  
mm/dd/yyyy

*If firm is conducting work:*

Company/Sole Proprietor Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Company/Sole Proprietor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Lead Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**WORK SITE INFORMATION**

Building Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Name of Contact for Work Site: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**WORK ACTIVITIES** *(Check all that apply)*

Exterior:  Doors     Windows     Siding     Porch     Soffits     Other

Interior:  Doors     Windows     Walls     Floors     Other

**WORK ACTIVITY DATES** *(Must notify MDH 5 calendar days prior to beginning work)*

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Start Time: \_\_\_\_\_     AM     PM  
mm/dd/yyyy

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      End Time: \_\_\_\_\_     AM     PM  
mm/dd/yyyy

*I certify that the above information is true and correct and all work will be performed according to MN Rules, chapter 4761.*

Signature of Lead Supervisor/Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

**Fax to:** (651) 201-4606 or

**Mail to:** Minnesota Department of Health, PO Box 64975, St Paul, MN 55164-0975 or

**Email to:** [health.asbestos-lead@state.mn.us](mailto:health.asbestos-lead@state.mn.us)

**Questions?** Please call (651) 201-4620 or visit our website at <http://www.health.state.mn.us/lead>