LEAD HAZARD EVALUATION REPORT

Section 1 — Date of Lead Hazard Evaluation				
Section 2 — Type of Lead Hazard Evaluation	(Check o	ne box only)		
Lead Inspection Risk assessment	Cle	arance Inspection	Other (specify)	
Section 3 — Structure Where Lead Hazard Ev	aluation	Was Conducted		
Address [number, street, apartment (if applicable)]		City	County	Zip Code
Construction date (year) of structure Type of structure Multi-unit building Single family dwelling		School or daycare Other		
Section 4 $-$ Owner of Structure (if business/s	agency, li	ist contact person)		
Name			Telephone number	
Address [number, street, apartment (if applicable)]		City	State	Zip Code
Section 5 — Results of Lead Hazard Evaluation	on (check	c all that apply)		
No lead-based paint detected Inta		ased paint detected t found	Deteriorated lead	I-based paint detected Other
Section 6 — Individual Conducting Lead Haza	ard Evalu	ıation		
Name			Telephone number	
Address [number, street, apartment (if applicable)]		City	State	Zip Code
CDPH certification number		nature		Date
Name and CDPH certification number of any other indi	viduals cor	nducting sampling or testing	(if applicable)	
Section 7 — Attachments				
A. A foundation diagram or sketch of the structur lead-based paint; B. Each testing method, device, and sampling pr C. All data collected, including quality control dat	ocedure ı	used;		
First copy and attachments retained by inspector		Third copy only (no attachments) mailed or faxed to:		
Second copy and attachments retained by owner		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		