

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
Construction date (year) of structure	Type of structure		Children living in structure?	
	☐ Multi-unit building	☐ School or daycare	☐ Yes	☐ No
	☐ Single family dwelling	☐ Other _____	☐ Don't Know	

Section 4 — Owner of Structure (if business/agency, list contact person)

Name		Telephone number	
Address [number, street, apartment (if applicable)]		City	State
			Zip Code

Section 5 — Results of Lead Hazard Evaluation (check all that apply)

☐ No lead-based paint detected ☐ Intact lead-based paint detected ☐ Deteriorated lead-based paint detected
☐ No lead hazards detected ☐ Lead-contaminated dust found ☐ Lead-contaminated soil found ☐ Other _____

Section 6 — Individual Conducting Lead Hazard Evaluation

Name		Telephone number	
Address [number, street, apartment (if applicable)]		City	State
			Zip Code
CDPH certification number	Signature		Date

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