

Department of Public Health - Childhood Lead Poisoning Prevention Program
Deleading Notification

Please complete all sections of this form clearly. Incomplete or illegible forms will be returned.

Lead Paint Inspector _____ License # _____ Inspection Date _____

Property Owner _____
Property Owner's Address _____ Zip Code _____

Authorized person performing work: _____ Lic#/Auth.# _____
Address of authorized person _____ Zip Code _____
Telephone Number (____) _____

Address where the work will be done:

Building Name (if any) _____ Floor _____
Street Address _____ Apt No. _____
City _____ Zip Code _____ The property is a ___ multi-family ___ single family.

Deleading Method(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Making paint intact (high risk) | <input type="checkbox"/> Making paint intact (moderate risk) | <input type="checkbox"/> Applying vinyl siding on exterior |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Liquid encapsulant | <input type="checkbox"/> Component removal (low risk components) |
| <input type="checkbox"/> Scraping | <input type="checkbox"/> Covering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Component removal/replacement | <input type="checkbox"/> Capping baseboards | |
| <input type="checkbox"/> Dipping | | |

The work will begin on ___/___/___ and will finish by ___/___/___ . The work will be done in the ___ am ___ pm or ___ weekends.

In Case of Emergency Contact _____
Daytime Phone _____ Evening Phone _____

The Property Owner must complete and sign the following information:

I certify that only authorized persons who have complied with the training requirements of the Massachusetts Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, will conduct deleading work. I further certify that the authorized person(s) will not exceed the scope of his/her authority and will be performing **only** those activities indicated above. All of the information contained in this document is true and correct to the best of my knowledge and belief.

Date _____ Signed _____

The following people/agencies must be notified ten days before beginning work: *

1. Occupants of the dwelling unit
2. All other occupants of the residential premises, if any work will be done in the common areas
3. Childhood Lead Poisoning Prevention Program, DPH
MWRHO
5 Randolph Street, Canton, MA 02021
Fax (781) 774-6700
4. Asbestos and Lead Program, DLS
19 Staniford St, 1st Floor, Boston, MA 02114
Fax (617) 626-6965
5. Local Board of Health/Code Enforcement Agency

* If the home is on the State Register of Historic Places, call the MA Historical Commission at (617) 727-8470.