



For Office Use Only:

Notification #: _____

LEAD ABATEMENT NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR OFFICE USE ONLY

Date Received: _____ Postmark on Notification: _____ Walk-in Date: _____

SECTION A: TYPE OF NOTIFICATION *(Check Original, Amended, or Cancellation of Notification and complete the appropriate information.)*

ORIGINAL NOTIFICATION: The DSHS Regional Office was notified by: Hand-Delivery Mail Fax E-Mail

Date Sent ____ / ____ / ____ Time Sent: ____ : ____ am pm

AMENDED NOTIFICATION No. _____; **OR**

CANCELLATION OF NOTIFICATION *(can only be done at least 24 hours prior to the original start-date of project)*

Yes **No** Was the Environmental Health Notifications Group (EHNG) in Austin notified by phone between 8:00 am and 5:00 pm Central Time of any project changes (amendments) or cancellations prior to the original start and/or stop date?

If yes, with whom did you speak with? _____ Date: ____ / ____ / ____ Time: ____ : ____ am pm

Yes **No** Was the original amended Notification form sent to the EHNG in Austin within 24 hours of the phone call?

Yes **No** Was the appropriate Regional Office notified by phone between 8:00 a.m. and 5:00 p.m. Central Time of any project date changes or cancellation prior to the original start and/or original stop date?

If yes, with whom did you speak with? _____ Date: ____ / ____ / ____ Time: ____ : ____ am pm

Yes **No** Was a copy of the amended notification sent to the appropriate Regional Office within 24 hours of the phone call?

Give a description of the reason for this amendment or cancellation: _____

EMERGENCY NOTIFICATION *(must be submitted as soon as practicable, but not later than the following work day after incident)*

Yes **No** Was the emergency notification request made to the EHNG in Austin by phone?

If yes, what is the DSHS reference #: _____ Date: ____ / ____ / ____ Time: ____ : ____ am pm

Name of the DSHS representative in Austin with whom you spoke? _____

Yes **No** Was the appropriate Regional Office notified by phone?

If yes, what is the DSHS reference #: _____ Date: ____ / ____ / ____ Time: ____ : ____ am pm

Give a description of the reason for this emergency Lead Abatement Notification: _____

SECTION B: FACILITY INFORMATION

(Physical Address of Facility to be Abated) _____ (City) _____ (County) _____ (State) _____ (Zip Code) _____

Type of Facility: Single Family Residential Home Multi-Family Dwelling Child-Occupied Facility

What type of Multi-Family Dwelling (i.e., apartment, duplex, etc.) or Child-Occupied Facility (i.e., daycare, elementary school, preschool, etc.)?

Name of Multi-Family Dwelling or Child-Occupied Facility: _____

Multi-Family Dwelling, No. of units to be abated: _____ No. of separate buildings: _____

(NOTE: A separate notification form is required to be submitted for each building.)

SECTION C: WORK SCHEDULE/DESCRIPTION OF WORK TO BE CONDUCTED (Check left outside boxes if amended.)

1. Scheduled Dates and Times of Lead Abatement:
 Start Date: ___ / ___ / ___ Stop Date: ___ / ___ / ___
 Actual Work Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
 Working Hours: Time: ___ : ___ am pm to Time: ___ : ___ am pm

2. Detailed Description of Lead Abatement to be Conducted:
 Interior: _____

 Exterior: _____

SECTION D: PROJECT INFORMATION (Check left outside boxes if amended.)

1. Facility Owner:
 Name of Owner of Facility: _____

 (Mailing Address, if different from Facility Address) (City) (County) (State) (Zip Code)

2. Certified Lead Abatement Firm:
 Lead Abatement Firm Certification #: _____ Phone #: (____) _____
 Name of Lead Abatement Firm: _____

 (Mailing Address of Firm) (City) (County) (State) (Zip Code)

3. Certified Lead Abatement Supervisor:
 Lead Abatement Supervisor Certification #: _____ Phone #: (____) _____
 Name of Abatement Project Supervisor: _____
 Name of Lead Abatement Firm Affiliation (if different from above): _____
 Lead Abatement Firm Certification # (if different from above): _____ Phone #: (____) _____

 (Address of firm, if different from above) (City) (County) (State) (Zip Code)

4. Inspector/ Risk Assessor Who Conducted Inspection:
 Certification #: _____ Date of Lead Inspection: ___ / ___ / ___
 Name of Lead Inspector/ Risk Assessor: _____

SECTION E: BILLING INFORMATION (Check left outside box if amended.)

Check only box below to indicate who should be billed and fill in the requested information.
 Certified Firm: _____ Certification #: _____
 Alternate Mailing Address (if different): Company Name: _____

 (Address) (City) (County) (State) (Zip Code)
Do not send your Notification Fee with this form. An invoice will be sent to you for the amount due.

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner or authorized agent of the certified firm and that I am responsible for the fee associated with this notification. I also understand that the certified firm is responsible for notification to the department.

 (Signature of Certified Firm's Owner or Authorized Agent) (Print Name) (Title) (Date)

 (Employer Firm Name) (____) _____
 (Area Code) (Phone Number)

Email Address: _____

QUESTIONS?? If you have questions or need assistance in completing this form, contact the Environmental Health Notifications Group in Austin at (512) 834-6770, ext. 2172 or toll-free in Texas at (888) 778-9440, ext. 2172.