

**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 (check one box only)			
	<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Multi-unit building <input type="checkbox"/> Child-occupied facility <input type="checkbox"/> Other (specify) _____			

**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 one box only)

- No lead-based paint detected.**  
A lead inspection was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. No lead-based paint was detected during this lead inspection. This structure is found to be lead-based paint free.
- No lead hazards detected.**  
Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. No lead hazards were detected.
- Lead-based paint and/or lead hazards detected.**  
Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. Lead-based paint and/or lead hazards were detected.

**Section 6—Individual Conducting Lead Hazard Evaluation**

Name		Telephone number (      )		
Address [number, street, apartment (if applicable)]		City	State	ZIP code
Brand name and serial number of any portable x-ray fluorescence (XRF) instrument used (if applicable)				

DHS certification number	Signature 	Date
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**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 to:  
Department of Health Services  
Childhood Lead Poisoning Prevention Branch  
Reports  
850 Marina Bay Parkway  
Building P, 3rd Floor  
Richmond, CA 94804-6403  
FAX (510) 620-5656