Do Not Write in This Space

Postmark	Date Received	Notification number

Ohio Department of Health • Lead Poisoning Prevention Program

Prior Notification of Lead Abatement Project

Carefully read all the instructions and questions prior to completing the notification form.

1. Each lead abatement contractor shall notify the department of health at least ten calendar days prior to the commencement of a project as required by Chapter 3742 of the Ohio Revised Code and Chapter 3701-32 of the Ohio Administrative Code. If the on-line prior notification system is utilized, the project notification period is reduced to no less than three days.
2. Three day notifications utilizing the on-line system shall be submitted via access from the Ohio Department of Health webpage www.odh.ohio.gov. Ten day written notifications shall be legibly completed and sent to the Ohio Department of Health, Division of Quality Assurance, Attn: Lead Poisoning Prevention Program, 3rd floor, 246 North High Street, Columbus, Ohio 43215. You may also e-mail the original notification to lead@odh.ohio.gov.
3. Please complete all sections of the notification. The notification will be returned if any information is lacking. The appropriate waiting period will commence when all information requested is supplied.
4. Type of notification: ☐ Original ☐ Cancellation ☐ Revision # _____ Revised section number(s) _____ _____ _____

5. Building owner name			
Address	City	State	ZIP
Contact person		Telephone # ( )	

6. Licensed Lead Abatement Contractor			
License #	Expiration date	E-mail address	
Employer		Telephone # ( )	
Employer street address	City	State	ZIP

7. Name of Designated Abatement Worker on-site (when contractor is not on-site)	License #

8. Name of Risk Assessor/Inspector who performed testing (if applicable)	License #

9. Was a Lead Hazard Control Order issued for the property? ☐ No
☐ Yes If "Yes", who was the issuing authority? _____

10. Building type (check one) ☐ Single family residential ☐ Multi-family residential ☐ Child Care Facility ☐ School		County	
Address	City	State	ZIP
Site location (specific)			

11. Type of abatement
☐ Interior Work ☐ Exterior Work ☐ Component replacement ☐ Enclosure ☐ Encapsulation ☐ Dust abatement ☐ Paint Removal ☐ Soil

12. Type of component
☐ Window ☐ Door ☐ Siding ☐ Other (specify) _____

13. Start date	Completion date	Hours of operation ☐ _____ am to _____ pm ☐ _____ pm to _____ am

Days of operation
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Comments

14. Signature of person filing this notification	Date