

Ohio Department of Health

Lead Hazard Control Visual Clearance

Clearance date / /		Page _____ of _____	
Name of Clearance Examiner		License number	License expiration date / /
Name of property owner/manager		Property owner/manager phone	
Property address	City	State	ZIP
Lead hazard control start date / /		Date /time final cleanup completed	
Name of Contractor, Project Designer, Lead Safe Renovator or Essential Maintenance worker		Telephone	
Property address	City	State	ZIP

Check if a repeat examination

Room Identifier	List of building components to be treated and method of control in each room	Work on each component completed?	Visible paint chips seen?	Visible settled dust seen?	Additional work required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exterior soil Treated Not treated
 If treated, is bare soil present? Yes No
 Was contaminated soil removed? Yes No
 Is additional soil treatment required? Yes No

Notes:

Clearance Examiner signature

