



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.)

<input type="checkbox"/>	<b>1. Scheduled Dates and Times of Lead Abatement:</b> Start Date: ____ / ____ / ____ Stop Date: ____ / ____ / ____ Actual Work Days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Working Hours: Time: ____: ____ <input type="checkbox"/> am <input type="checkbox"/> pm to Time: ____: ____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/>	<b>2. Detailed Description of Lead Abatement to be Conducted:</b> <input type="checkbox"/> Interior: _____ _____ <input type="checkbox"/> Exterior: _____ _____

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

<input type="checkbox"/>	<b>1. Facility Owner:</b> Name of Owner of Facility: _____  (Mailing Address, if different from Facility Address) _____ (City) _____ (County) _____ (State) _____ (Zip Code)
<input type="checkbox"/>	<b>2. Certified Lead Abatement Firm:</b> Lead Abatement Firm Certification #: _____ Phone #: (____) _____ Name of Lead Abatement Firm: _____  (Mailing Address of Firm) _____ (City) _____ (County) _____ (State) _____ (Zip Code)
<input type="checkbox"/>	<b>3. Certified Lead Abatement Supervisor:</b> 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)
<input type="checkbox"/>	<b>4. Inspector/ Risk Assessor Who Conducted Inspection:</b> Certification #: _____ Date of Lead Inspection: ____ / ____ / ____ Name of Lead Inspector/ Risk Assessor: _____

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

<input type="checkbox"/>	Check only box below to indicate who should be billed and fill in the requested information. <input type="checkbox"/> Certified Firm: _____ Certification #: _____ <input type="checkbox"/> Alternate Mailing Address (if different): Company Name: _____  (Address) _____ (City) _____ (County) _____ (State) _____ (Zip Code) <b>Do not send your Notification Fee with this form. An invoice will be sent to you for the amount due.</b>
--------------------------	--

**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.**