



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.