



**Lead Hazard Control- Method Selection
Ohio Department of Health**

YOU MUST RETURN THIS FORM

Please complete this with a licensed lead abatement contractor. **YOU MUST return this form at least 10 days prior to the start of lead abatement work on the property** to [Name of the Health Department, Attn: [Name of Contact], [Department address]. You may also fax this form to [Fax number here] or e-mail it to [E-mail address of contact]. Any questions regarding this form should be directed to [Name of contact] at [Telephone number of contact].

*****Discuss the methods of control with your licensed lead abatement contractor or with Ohio Department of Health's Environmental Compliance Program at 1-877-NOT-LEAD. Make sure the method selected for each hazard is appropriate for your needs and that you have a complete understanding of any further obligations that choice requires.****

Property Address	<input type="text"/>		
Owner Name	<input type="text"/>		
Owner Address	<input type="text"/>		
E-mail Address	<input type="text"/>	Telephone #	<input type="text"/>

Name of Licensed Abatement Contractor contacted	Abatement License #	Date Contacted
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner Signature: _____ Date: _____

Owner Printed Name: _____

LEAD HAZARDS**METHOD of CONTROL Selected by Property Owner****Lead-based Paint hazards:**

(Check the ones that apply)

Exterior Paint:

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Interior Paint:

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

Insert here

☐ Removal and replacement
☐ Paint removal
☐ Paint Stabilization **
☐ Friction/impact point treatment**

☐ Enclosure
☐ Encapsulation*
☐ Other _____

* Encapsulation and paint stabilization are not permitted on friction surfaces, including window jambs and door jambs.

** Requires an ongoing maintenance and monitoring schedule and an annual clearance examination;
Rule 3701-30-10 of the Ohio Administrative Code.

Dust-lead hazards:

Insert here

☐ Source Removal
☐ Specialized CleaningComponent removed ☐
Other ☐**Soil-lead hazards:**

Insert here

☐ Removal and replacement
☐ Impermanent soil covering **
☐ Other ☐**Paint-chip hazards:**

Insert here

☐ Source Removal
☐ Specialized Cleaning
Other ☐

* Encapsulation and paint stabilization are not permitted on friction surfaces, including window jambs and door jambs.

** Requires an ongoing maintenance and monitoring schedule and an annual clearance examination;
Rule 3701-30-10 of the Ohio Administrative Code.