

## Department of Public Health & Department of Labor

## NOTIFICATION OF DELEADING WORK

All sections of this form must be completed in order to comply with the notification requirements of M.G.L. C. 111§197, 454 CMR 22.00 and 105 CMR 460.000, as most recently amended

| Contractor performing project   | License #Exp. Date                  |                                       |                          |  |  |
|---|-------------------------------------|---------------------------------------|--------------------------|--|--|
| Lead Paint Inspector  | Date of Inspection                  | License #                             | Exp. Date                |  |  |
| ADDRESS OF PROJECT:   |                                     |                                       |                          |  |  |
| Street Address  | Apt. Number                         |                                       |                          |  |  |
| City  | Zip                                 |                                       |                          |  |  |
| Property Owner  | Address                             |                                       |                          |  |  |
| Telephone Number  |                                     |                                       |                          |  |  |
| Deleading Method: Wet/Dry Scraping Demolition Covering  | ☐ Heat Gun<br>☐ Caustics<br>☐ Other | ☐ Liquid Encapsulant<br>☐ Replacement |                          |  |  |
| If "Other" selected, please explain   |                                     |                                       |                          |  |  |
|   |                                     |                                       |                          |  |  |
| Check one: Dwelling is multi-family   | Single-family                       | Other_                                |                          |  |  |
| Start Date  | Completion Date                     |                                       |                          |  |  |
| When will work be done: AM PM_  | (Specify times on site)             | Weekends?                             |                          |  |  |
| Project Supervisor Name   | Lice                                | nse #                                 | Exp. Date                |  |  |
| Worker's Compensation Policy Number   | Carrier                             |                                       |                          |  |  |
| In case of emergency contact(Contractor's Representative)   | Tel. #                              | -()                                   |                          |  |  |
| DELEADING CONTRACTOR  |                                     |                                       |                          |  |  |
| The undersigned hereby states, under the pa<br>Massachusetts Deleading Regulations, 454 C<br>that the information contained in this notifie | CMR 22.00, and the Lead Poisoning   | g Prevention and Co                   | ntrol Regulations, 105 ( |  |  |
| Date  | Signed                              |                                       |                          |  |  |
| Company Name  |                                     |                                       |                          |  |  |
| Address   |                                     |                                       |                          |  |  |
| Telephone Number  |                                     |                                       |                          |  |  |

In accordance with Massachusetts General Laws C. 111 §197, 454 CMR 22.00 and 105 CMR 460.000, notice of the date and method(s) of removal or covering of paint, plaster or other accessible materials containing dangerous levels of lead is to be provided and must be received by the following agencies, at least <u>TEN</u> (10) days prior to the beginning of deleading.

NOTIFICATIONS MAY BE FAXED.

| 1.        | Department of Labor, Lead Program, Div  | vision of Occupational Safety        | *                            |   |  |  |  |
|-----------|---|--------------------------------------|------------------------------|---|--|--|--|
|           | 19 Staniford Street, 1st Floor, Boston, MA  |                                      | -626-6965                    |   |  |  |  |
| •         | Director Childhead Land Balanta P   |                                      |                              |   |  |  |  |
| 2.        | Director, Childhood Lead Poisoning Prev   | <u> </u>                             |                              |   |  |  |  |
|           | Department of Public Health, Donovan H  | lealth Building, 5 Randolph Stro     | et, Canton, MA 02021         | FAX: 781-774-6700                         |  |  |  |
| 3.        | Occupants of dwelling unit  |                                      |                              |   |  |  |  |
| 4.        | All other occupants of the residential premises, if any                                       |                                      |                              |   |  |  |  |
| 5.        | Local Board of Health/Code Enforcement Agency   |                                      |                              |   |  |  |  |
| 6.        | Massachusetts Historical Commission (if premises are listed on the State Register of Historic |                                      |                              |   |  |  |  |
|           | 220 Morrissey Blvd.   | ( F                                  |                              |   |  |  |  |
|           | Boston, MA 02202  | Order to Correct Violation           |                              |   |  |  |  |
|           | FAX (617) 727-5128  | initiating preventive delea          | · -                          |   |  |  |  |
| PROPE!    | RTY OWNER ( If owner or unlicensed owner  | 's agent will be performing low-ris  | c deleading work, complete   | the following):                           |  |  |  |
| Propert   | y Owner   | Agent(s)                             |                              |   |  |  |  |
| Address   | <u> </u>  |                                      |                              |   |  |  |  |
| Telepho   | one Number()  | -                                    |                              |   |  |  |  |
| I certify | that I have complied with the training requirer   | ments of the Commonwealth of Ma      | ssachusetts Lead Poisoning   | g Prevention and Control Regulations, 105 |  |  |  |
| CMR 46    | 60.175, for owner/agent low-risk abatement and  | d containment. I further certify tha | t I or my agent will be perf | orming the following low-risk activities  |  |  |  |
| (I have o | circled all that apply):  |                                      |                              |   |  |  |  |
|           | applying liquid encapsulant   | capping baseboards                   | removing doors               | s, cabinet doors, shutters                |  |  |  |
|           | applying exterior vinyl siding  | covering surfaces                    |                              |   |  |  |  |
| I certify | that all the information contained in this notifi   | cation is true and correct to the be | st of my knowledge and bel   | ief.                                      |  |  |  |
|           |   |                                      |                              |   |  |  |  |

Revised 12/2007

Date\_