



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 [] Heat Gun [] Liquid Encapsulant [] Demolition [] Caustics [] Replacement [] Covering [] Other

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 _____ License # _____ Exp. Date _____

Worker's Compensation Policy Number _____ Carrier _____

In case of emergency contact _____ Tel. # (____) _____ (Contractor's Representative)

DELEADING CONTRACTOR

The undersigned hereby states, under the pains and penalties of perjury, that he/she has read and understood the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00, and the Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

Date _____ Signed _____

Company Name _____

Address _____

Telephone Number _____

