

**ATTACHMENT H
LEAD-BASED PAINT**

VISUAL ASSESSMENT, NOTICE OF PRESUMPTION, AND HAZARD REDUCTION FORM

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| Section 1: Background Information | | | |
| Property Address: | | | No LBP found or LBP exempt <input type="checkbox"/> |
| Select one: | Visual Assessment <input type="checkbox"/> | Presumption <input type="checkbox"/> | Hazard Reduction <input type="checkbox"/> |

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| Section 2: Visual Assessment. Fill out Sections 1, 2, and 6. If paint stabilization is performed, also fill out Sections 4 and 5 after the work is completed. | |
| Visual Assessment Date: | Report Date: |
| Check if no deteriorated paint found <input type="checkbox"/> | |
| Attachment A: Summary where deteriorated paint was found. | |
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| Section 3: Notice of Presumption. Fill out Sections 1, 3, 5, and 6. Provide to occupant w/in 15 days of presumption. | |
| Date of Presumption Notice: | |
| Lead-based paint is presumed to be present <input type="checkbox"/> and/or Lead-based paint <i>hazards</i> are presumed to be present <input type="checkbox"/> | |
| Attachment B: Summary of Presumption: | |
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| Section 4: Notice of Lead-Based Paint Hazard Reduction Activity. Fill out Sections 1, 4, 5, and 6. Provide to occupant w/in 15 days of after work completed. | |
| Date of Hazard Reduction Notice: | |
| Initial Hazard Reduction Notice? Yes <input type="checkbox"/> No <input type="checkbox"/> | Start & Completion Dates: |
| If "No", dates of previous Hazard Reduction Activity Notices: | |
| Attachment C: Activity locations and types. | |
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| Attachment D: Location of building components with <u>lead-based paint remaining</u> in the rooms, spaces or areas where activities were conducted. | |
| Attachment E: Attach clearance report(s), using DHS form 8552 (and 8551 for abatement activities) | |

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| Section 5: Resident Receipt of Notice for Presumption or Lead-Based Paint Hazard Reduction Activity | | |
| Printed Name: | Signature: | Date: |

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| Section 6: Contact Information | Organization: | |
| Contact Name: | Contact Signature: | |
| Date: | Address: | Phone: |