

Toledo-Lucas County Health Department

Local Lead Inspection

Clearance Examination Report

As required by the Toledo Ordinance
Form approved by the Ohio Department of Health

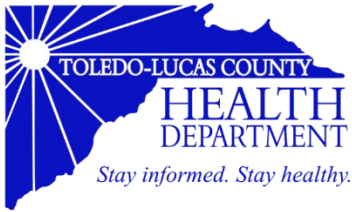
Ohio law (section 5302.30 of the Revised Code) requires every person who intends to transfer any residential real property by sale, land installment contract, lease with option to purchase, exchange, or lease for a term of 99 years and renewable forever, to complete and provide a copy to the prospective transferee of the applicable property disclosure forms, disclosing known hazardous conditions of the property, including lead-based paint hazards.

Federal law (24 CFR part 35 and 40 CFR part 745) requires sellers and lessors of residential units constructed prior to 1978, except housing for the elderly or persons with disabilities (unless any child who is less than 6 years of age resides or is expected to reside in such housing) or any zero-bedroom dwelling to disclose and provide a copy of this report to new purchasers or lessees before they become obligated under a lease or sales contract. Property owners and sellers are also required to distribute an educational pamphlet approved by the United States Environmental Protection Agency and include standard warning language in or attached to lease contracts or sales contracts to ensure that parents have the information they need to protect children from lead-based paint hazards.

Building Owner Name		Type of Building <input type="checkbox"/> Residence <input type="checkbox"/> Other	
Building Address	City	State	Zip Code
Contact Person/Manager/Principal (if other than owner)		Best Contact Phone Number () -	
Lead-Safe Renovator or Essential Maintenance Practice Worker (if applicable)		License number (if applicable)	License Expiration Date / /
Employer Address	City	State	Zip Code
Employer		Employer Phone Number () -	
Name of Risk Assessor/Inspector/Clearance Technician who performed testing		License number	License Expiration Date / /
Employer Address	City	State	Zip Code
Employer		Employer Phone Number () -	
Activity Conducted Requiring Clearance Examination (Check Appropriate Boxes)		Dates of Lead Hazard Control (or other activity performed)	
<input type="checkbox"/> Lead-Safe Renovation <input type="checkbox"/> Interim Control <input type="checkbox"/> Essential Maintenance Practices <input type="checkbox"/> Paint Stabilization		Start Date / /	Completion Date / /
Check each clearance activity performed and attach appropriate form(s):		Date of Clearance Examination / /	<input type="checkbox"/> Passed Clearance <input type="checkbox"/> Failed Clearance <input type="checkbox"/> Repeat Clearance
<input type="checkbox"/> Visual Assessment <input type="checkbox"/> Dust Sample Collection			
This form is accompanied by the following required information: <input type="checkbox"/> Description of the Residential Maintenance Hazard Repair <input type="checkbox"/> Laboratory Results/Reports <input type="checkbox"/> Visual Assessment Form <input type="checkbox"/> Diagram of the Floor Plan with Sample Locations			

Clearance Examiner Signature

Signature	Date / /
Page _____ of _____	



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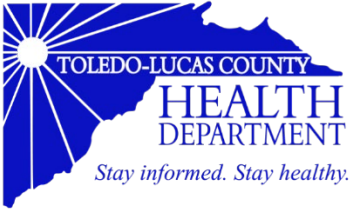
Clearance Date / /	Toledo-Lucas County Health Department Visual Assessment		Page _____ of _____
Name of Clearance Examiner		License number	License Expiration Date / /
Name of Property Owner/Manager		Property Owner/Manager Phone Number () -	
Property Address	City	State	Zip Code
Lead Hazard Control Start Date / /		Date/Time Final Cleanup Completed ____:____ am/pm / /	
Name of Contractor, Project Designer, Renovator or Essential Maintenance Worker		Phone Number () -	
Address	City	State	Zip Code
<input type="checkbox"/> Passed Visual Clearance Examination <input type="checkbox"/> Failed Visual Examination <input type="checkbox"/> Repeat Visual Clearance Examination			

Room Identifier	List of Building Components to be Treated and Method of Control in Each Room	Work on Each Component Completed?	Visible Paint Chips Seen?	Visible Settled Dust Seen?	Additional Work Required?	Pass/Fail
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Exterior Soil	
Is bare soil present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is additional soil treatment required? (if yes, please indicate in the notes section below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	

Clearance Examiner Signature

Signature	Date / /
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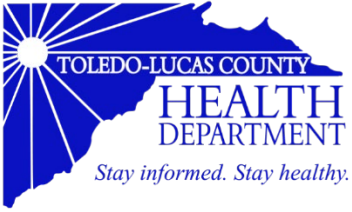
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Clearance Date / /	Toledo-Lucas County Health Department Visual Assessment Continued	Page _____ of _____
Property Address	City	State
Zip Code		

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Clearance Examiner Signature

Signature	Date / /
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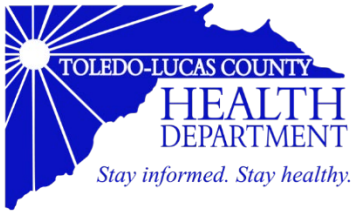
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Clearance Date / /	Toledo-Lucas County Health Department Dust Wipe Analysis Continued		Page _____ of _____
Property Address	City	State	Zip Code

Please draw a diagram of the home and indicate in the box below where the dust wipe samples were taken. Additional sheets can be added if necessary. **All laboratory analysis and results shall be attached to this report for complete documentation.**

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Property Address	City	State
		Zip Code

I certify that I have been trained or certified as a Local Lead Inspector in the City of Toledo and that I have registered with the Toledo Lucas County Health Department and that my registration is in good standing.

Date: / /	License #:
Prepared and Submitted by:	

Note: Copies of this report must be provided to the client requesting the Local Lead Inspection, the property owner if they are different individuals, and the Toledo-Lucas County Health Department.

Verified Report of Lead Safe Residential Rental Property

I certify that the residential rental property or in-home family daycare located at _____ passed the Local Lead Inspection (Including the Visual Inspection and the Dust Wipe Samples). As of the date of the inspection, this property has passed and is considered a Lead Safe Residential Rental Property.

Date: / /	License #:
Prepared and Submitted by:	

Note: Copies of this Verified Report of Lead Safe Residential Rental Property must be attached to the application to register, or renewal registration for a Certificate of Lead Safe Rental Property to be issued by the Toledo-Lucas County Health Department. A copy of this report should be provided to the client requesting the Local Lead Inspection and the property owner if they are different individuals.