**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  Residence  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)* | | | | |
| Lead-Safe Renovation   Essential Maintenance Practices | Interim Control   Paint Stabilization | | | | Start Date      /     / | | | Completion Date      /     / | |
| Check each clearance activity performed and attach appropriate form(s):  Visual Assessment  Dust Sample Collection | | | | | Date of Clearance Examination       /     / | | | Passed Clearance  Failed Clearance  Repeat Clearance | |
| This form is accompanied by the following required information:  Description of the Residential Maintenance Hazard Repair  Laboratory Results/Reports  Visual Assessment Form  Diagram of the Floor Plan with Sample Locations | | | | | | | | | |

**Clearance Examiner Signature**

|  |  |  |
| --- | --- | --- |
| Signature | Date       /     / | |
|  | | Page        of |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |
| Passed Visual Clearance Examination  Failed Visual Examination  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 |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |

|  |  |  |
| --- | --- | --- |
| Exterior Soil | | |
| Is bare soil present? | Yes | No |
| Is additional soil treatment required?  (if yes, please indicate in the notes section below) | Yes | No |
| Notes | | |

**Clearance Examiner Signature**

|  |  |
| --- | --- |
| Signature | Date      /     / |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No | Pass  Fail |

**Clearance Examiner Signature**

|  |  |
| --- | --- |
| Signature | Date       /     / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.*** | | | | |
|  | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clearance Date       /     / | Toledo-Lucas County Health Department  **Dust Wipe Analysis**  Continued | | | Page        of |
| 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.**