

Lead Activity Declaration

**Buildings, Safety Engineering and Environmental Department
Coleman Alexander Young Municipal Center
2 Woodward Avenue, Suite 412
Detroit, Michigan 48226**

This form must be completed by a State of Michigan licensed lead professional and submitted to the City of Detroit's Buildings, Safety Engineering and Environmental Department, Property Maintenance Division. Include the following reports: Lead Based Paint Inspection; Lead Based Paint Risk Assessment; Remediation and Clearance Summary; and all related laboratory results must be submitted to complete reporting requirements .

Subject Property Location: _____ Detroit, MI 48 _____

Risk Assessors' Name: _____ Phone # _____ State Certification # _____

Risk Assessors' Address: _____ city _____ state _____ zip _____

Company Name: _____ Phone # _____

Company Address (if different): _____ city _____ state _____ zip _____

Property Owners' Name: _____ Phone # _____

Property Owners' Address: _____ city _____ state _____ zip _____

Date(s) of Lead Inspection: _____ Date(s) of Lead Hazard Assessment: _____

Were lead based paint hazards identified? NO. YES. If yes, indicate what type(s): paint dust soil

Were potential lead based paint hazards identified? NO YES

Was soil sampled? NO YES. If yes, indicate what type(s): play area drip-line/foundation vegetable garden

Other (describe) _____

Indicate why soil was not sampled: _____

Note: If soil conditions cannot be ascertained risk assessor must return to site and evaluate the need for soil sampling. **When soil conditions are determined, the risk assessor must submit an addendum report with their findings.**

Lead-based paint detection technique used (check one): paint chip samples XRF (serial # _____)

The undersigned hereby acknowledges that the information provided herein and related reports are complete, accurate and true. The undersigned also accepts full and irrevocable responsibility for the validity of the information provided, legal and regulatory, in accordance with all federal, state, and local requirements. Work Practice Standards adopted by the Sate of Michigan for Lead Hazard Control for a Lead inspection, R325.99403, and for a Risk Assessment, R325.99404, must be adhered to.

Risk Assessor's State Certification # _____ Expiration date: _____

Risk Assessor Name: _____ Signature: _____ Date _____

Complete and attach additional copies of this form, as needed, for complete reporting.