

**LEAD-BASED PAINT ACTIVITY SUMMARY**

\*\*Please type or print in ink.\*\*

**I. TYPE OF ACTIVITY:**

\_\_\_ Inspection

\_\_\_ Risk Assessment

\_\_\_ Lead Hazard Screen

**II. DATE ACTIVITY COMPLETED:** \_\_\_\_\_

**III. ACTIVITY LOCATION:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**IV. ACTIVITY SUMMARY** (attach additional pages as needed):

**V. CERTIFIED INSPECTOR OR RISK ASSESSOR**

Name : \_\_\_\_\_ NC Lead Cert. No. \_\_\_\_\_

Title: \_\_\_\_\_

Certified Firm: \_\_\_\_\_ NC Cert. No. \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT TO: NC DHHS - HEALTH HAZARDS CONTROL UNIT  
1912 MAIL SERVICE CENTER  
Raleigh, NC 27699-1912**

## **INSTRUCTIONS**

### FOR COMPLETION OF LEAD-BASED PAINT ACTIVITY SUMMARY

#### **PURPOSE**

A Lead-Based Paint Activity Summary shall be submitted to the North Carolina Lead-Based Paint Hazard Management Program (LHMP) by the certified inspector or risk assessor for each inspection, risk assessment, or lead hazard screen conducted within 45 days of the activity on a form provided or approved by the Program per LHMP Rule 10A NCAC 41C .0807(b).

#### **PREPARATION**

All information is to be filled out completely, typed or printed in ink. Pencil is not acceptable. Attachments are also to be typed or printed in ink.

#### **INSTRUCTIONS**

- I. Indicate the type of activity that was conducted.
- II. Enter the date the activity was completed.
- III. Enter complete information about the facility where the activity occurred, including facility name, address, city, state, zip code, county, the name of the facility contact, and the contact's telephone number, including area code.
- IV. Summarize the activities that were conducted at the site, including the results of the inspection, risk assessment, or lead hazard screen, and any recommendations resulting from the activity.
- V. Enter the name, NC Lead Certification Number, and title of the individual conducting the activity.

Enter the name of the NC Certified Firm, the NC Firm Certification Number, the firm's address, state, zip code, and telephone number, including area code.

Enter the original signature of the inspector or risk assessor who conducted the activity and the date the Lead-Based Paint Activity Summary was signed.

#### **Completed Activity Summary with any attachments should be mailed to:**

**NC Department of Health and Human Services  
Health Hazards Control Unit  
1912 Mail Service Center  
Raleigh, NC 27699-1912  
(919)707-5950**

#### **For Overnight/Express Mail:**

**NC Department of Health and Human Services  
Health Hazards Control Unit  
5505 Six Forks Rd, 2nd Floor, Room D-1  
Raleigh, NC 27609**