

Clearance Examination Report Form

As Required by Ohio Administrative Code 3701-32-12 and 3701-32-15

Ohio law (section 5301.30 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 ninety-nine 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 six 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"/> Child Day-care Facility <input type="checkbox"/> School	
Address		City	Ohio Zip
Contact Person/Manager/Principal (if other than owner)		Telephone # () -	
Name of Lead Abatement Contractor, Lead Abatement Project Designer, Lead-safe Renovator, or Essential Maintenance Practice Worker		License # (if applicable)	License Expiration Date
Employer Street Address		City	State Zip
Employer		Employer Telephone # () -	
Name of Risk Assessor/Inspector/Clearance Technician who performed testing		License #	
Employer Street Address		City	State Zip
Employer		Employer Telephone # () -	
Activity Conducted Requiring Clearance Examination (Please check appropriate boxes.) <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Lead-safe Renovation <input type="checkbox"/> Essential Maintenance Practices <input type="checkbox"/> Paint Stabilization <input type="checkbox"/> Interim Controls		Dates of Lead Hazard Reduction or Other Activity Performed ____/____/____ ____/____/____ Start Date Completion Date	
Check each clearance activity performed and attach appropriate form(s): <input type="checkbox"/> Visual Assessment <input type="checkbox"/> Dust Sample Collection <input type="checkbox"/> Soil Sample Collection <input type="checkbox"/> Water Sample Collection		Date of Clearance Examination ____/____/____ <input type="checkbox"/> Check if Repeat Clearance Examination	

Signature _____ Date ____/____/____

Visual Clearance Form

Date of clearance activity: ___/___/___

Name of Clearance examiner: _____

License number: _____ License expiration date: ___/___/___

Name of property owner: _____

Property address: _____ Apt. no. _____

Date cleanup completed: ___/___/___ Time cleanup completed: _____

Contractor name: _____

Address: _____

Telephone no. _____

Check if a repeat examination

Room Identifier	List of building components to be treated in each room	Work on each component completed? (yes or no)	Visible paint chips seen? (yes or no)	Visible settled dust seen? (yes or no)	Additional work required? (yes or no)

Exterior soil Treated Not treated

If treated, is bare soil present? Yes No

Was contaminated soil removed? Yes No

Is additional soil treatment required? Yes No

Notes:

Signature _____

Lead Hazard Control Clearance Dust Sampling Form

Date of clearance activity: ___/___/___
 Name of Clearance examiner: _____
 License number: _____ License expiration date: ___/___/___
 Name of property owner: _____
 Property address: _____ Apt. no. _____
 Date cleanup completed: ___/___/___ Time cleanup completed: _____
 Contractor name: _____
 Address: _____
 Telephone no. _____
 Check if a repeat examination

Clearance categories:

- | | |
|--|---|
| 1. Interior work with no dust containment. | 2. Interior work with dust containment. |
| 3. Exterior paint disturbing work. | 4. Exterior living area. |
| 5. Soil work. | 6. Water supply work. |

Sample number	Room Identifier	Surface type (floor, window sill, window trough)	Clearance category number	Dimensions Of sample area (inches)	Area (ft ²)	Result of lab analysis (µg/ft ²)	Pass Or Fail

Total number of samples on this page _____
 Page ___ of _____
 Date of sample collection ___/___/___ Date shipped to lab ___/___/___
 Laboratory name: _____
 Laboratory address: _____
 Laboratory approval number: _____
 Shipped by _____ Received by _____
(Signature) (Signature)

**Lead Hazard Control Clearance Soil Sampling Form
Category 5**

Date of clearance activity: ___/___/___
 Name of Clearance examiner: _____
 License number: _____ License expiration date: ___/___/___
 Name of property owner: _____
 Property address: _____ Apt. no. _____
 Date cleanup completed: ___/___/___ Time cleanup completed: _____
 Contractor name: _____
 Address: _____
 Telephone no. _____
 Check if a repeat examination

Sample number	Location	Bare or covered	Lab result (µg/g)	Pass Or Fail

Sketch soil sampling plot plan and attach to this report. Collect only the top 1/2" of soil.
 Total number of samples on this page _____
 Page ___ of ____
 Date of sample collection ___/___/___ Date shipped to lab ___/___/___
 Laboratory name: _____
 Laboratory address: _____
 Laboratory approval number: _____
 Shipped by _____ Received by _____
(Signature) (Signature)

Lead Hazard Control Clearance Water Sampling Form Category 6

Date of clearance activity: ___/___/___

Name of Clearance examiner: _____

License number: _____ License expiration date: ___/___/___

Name of property owner: _____

Property address: _____ Apt. no. _____

Date cleanup completed: ___/___/___ Time cleanup completed: _____

Contractor name: _____

Address: _____

Telephone no. _____

Check if a repeat examination

Sample number	Room Identifier	Flushed or First draw	Result of lab analysis (ppb)	Pass Or Fail

Total number of samples on this page _____

Date of sample collection ___/___/___ Date shipped to lab ___/___/___

Laboratory name: _____

Laboratory address: _____

Laboratory approval number: _____

Shipped by _____ Received by _____
(Signature) (Signature)