

START WORK NOTIFICATION

Rhode Island Department of Health



Lead Hazard Control/Lead Safe Remodeler/Renovator

Lead Abatement/Lead Hazard Reduction Contractor

Notification forms must be submitted at least 3 business days before beginning work to the Rhode Island Department of Health by email to: pbstartwork@gmail.com or faxed to: 401-222-2456

1. TYPE OF NOTIFICATION: (O=Original; R= Revised; C= Canceled) _____

2. FIRM NAME, ADDRESS & TELEPHONE NUMBER:

Name: _____ RI License No: _____

Address: _____ Phone: _____

City/Town: _____ State: _____ Zip: _____

3. DWELLING or PREMISES SCHEDULED FOR LEAD HAZARD CONTROL or LEAD HAZARD REDUCTION ACTIVITY:

Name: _____ Floor(s)/Apartment(s) Included: _____

Street: _____

City/Town: _____ Zip: _____

4. SCHEDULE FOR PROJECT: Begin Date: _____ End Date: _____

5. DESCRIPTION OF LEAD HAZARD CONTROL or LEAD HAZARD REDUCTION ACTIVITY: (Check ALL that apply)

- Interior Paint Exterior Paint Common Area Paint Vacant Unit Occupied Unit Child Care Facility
 Mechanical Paint Removal Other _____

6. OWNER/MANAGER NAME, ADDRESS & TELEPHONE NUMBER:

Name: _____ Telephone No: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Other Contact Person: _____ Telephone No: _____

7. IF ORDERED BY GOVERNMENT AGENCY, NAME, TITLE, & AUTHORITY OF GOVERNMENT AGENCY REQUIRING THE LEAD HAZARD CONTROL or LEAD HAZARD REDUCTION ACTIVITY: NOT APPLICABLE

Agency: _____

Person Issuing: _____ Title: _____

Date Order Issued: _____ Final Compliance Date Required by Order: _____

8. CERTIFICATION: (to be completed by the Lead Hazard Control or Lead Hazard Reduction Contractor)

I certify that the above information is correct.

By: _____ (Signature) _____ (Type or Print Name of Certifying Official)

Date: _____ (Title of Certifying Official)