



Annual Notification for Steel Structures

(Note: items marked \* are required)

*Name of employer doing 'Lead Work'	*Address	*Zipcode	*Phone
Calif. Cont. Lic. No. (if applicable)		Pager/cellular phone No.	
Supervisor:	*Number of lead-job workers: (check one below)		
* Supervisor name: _____	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 31 - 40	
California Department of Health Services Lead Cert. No. _____	<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 41 - 50	
(if applicable)	<input type="checkbox"/> 11 - 20	<input type="checkbox"/> > 50	
	<input type="checkbox"/> 21 - 30		

*Job start date/time	*Job completion date/time	Shift <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Other	*Approximate duration of 'Lead Work' in days
*Street address or location of job		City	Nearest cross street
		County	Zipcode

*Precise Location of work (building no., room no., etc.)			
Entity contracting the lead-work	Address	Zipcode	Phone
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Lessee (check one)			Pager/cellular phone No.

Type of structure and use:

<input type="checkbox"/> Office Building	<input type="checkbox"/> Residence	<input type="checkbox"/> Steel Structure/Type _____
<input type="checkbox"/> Public Access/Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Other _____

Scope of work and work practices:

\*Describe lead-related work to be done (check all that apply)

<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Wall Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Water/Moisture Damage Repair	<input type="checkbox"/> Paint Removal	
<input type="checkbox"/> Window/Door Repair/Replacement	<input type="checkbox"/> Demolition	

\*Describe paint removal methods (check all that apply):

<input type="checkbox"/> Manual Scraping/Sanding	<input type="checkbox"/> Demolition	<input type="checkbox"/> Hydroblasting	<input type="checkbox"/> Other work practices disturbing lead: _____
<input type="checkbox"/> Power Sanding/Grinding	<input type="checkbox"/> Heat Guns	<input type="checkbox"/> Torch Cutting	
<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Welding	

\*Amount of area to be disturbed: (check one per column)

<input type="checkbox"/> < 10 square feet	<input type="checkbox"/> < 10 linear feet
<input type="checkbox"/> 10 - 100 square feet	<input type="checkbox"/> 10 - 100 linear feet
<input type="checkbox"/> 101 - 1000 square feet	<input type="checkbox"/> 100 - 1000 linear feet
<input type="checkbox"/> > 1000 square feet	<input type="checkbox"/> > 1000 linear feet

Torch Cutting/Welding  
Duration of work: \_\_\_\_\_

Concentration of lead in disturbed materials:  
\_\_\_\_\_ parts per million (ppm)      \_\_\_\_\_ % percent by weight  
\_\_\_\_\_ mg/cm<sup>2</sup>      Assumed to be lead-containing:  YES

*Name of notifier	Title:	*Date signed: