

Form Instructions

1. Save the notification form to your computer as a master form.
2. Once you have the form saved on your computer, go to file and select save as. Name the document using your contractor's certification number and the property address. For example, if your contractor certification number is C-00001 and the project address is 123 Michigan Ave., Lansing, MI 48910, then the file should be named *C-00001 123 Michigan Ave Lansing*.
3. After the form *C-00001 123 Michigan Ave Lansing* has been saved, click on the notification date box. Fill in the notification date and then use the tab key. This will advance you to through the notification form. Continue until all required/appropriate boxes are filled in. Specific instructions for some individual boxes are listed below.
4. Save the completed form.
5. Once the notification is complete, e-mail it to HHSAbatementNotifications@michigan.gov. Put the file name, *C-00001 123 Michigan Ave Lansing* in the subject line of the e-mail.
6. The e-mail box is set up with an automatic reply. If you do not get the automatic reply, call the office at 517-335-9390 and ask to speak with a compliance officer.
7. If a revised notification is needed, go to file, save as and save the original notification as a revised notification. Name the revised notification by adding a R1 to the beginning of the original notification name. The name for revision 1 will be R1 C-00001 123 Michigan Ave Lansing. Save the revised notification. Make the necessary changes to the notification and save again. E-mail the revised notification as above and put the new file name in the subject line of the e-mail. Repeat for R2, R3, etc. as needed.

Specific Instructions

1. All areas are required to be filled in completely.
2. Work Schedule Section: The start date for the abatement project is the date when setup begins. The end date of the project is the estimated date that the clearance will pass.
3. Contractor Section: All contractor information in this section is required.
4. Assessor Section: All risk assessor information is required. If only an inspection is conducted, put in the inspector information in the risk assessor section. Check all appropriate assessment types.
5. Building Section: All appropriate information is required.
6. Housing Agency Section: The housing agency is the agency that is providing the funding, not the company conducting the lead assessment. Examples of agencies are MDHHS, City of Lansing, Ingham County Land Bank, etc.
7. Scope of Work Section. Check all boxes that apply. A brief scope of work is required in order for HHS staff to get an idea of what is being done on the project. Do not send in the scope of work pages from the contract. If a site visit is conducted by HHS on a project, the scope of work will be requested at the time of the site visit.

Notification of Lead Abatement Activity



Any [firm] conducting lead-based paint [abatement] activities in the state of Michigan must notify the department of that activity not less than three (3) business days prior to its commencement, as required by §333.5472 of the Michigan Lead Abatement Act of 1998, as amended.

All information is required. Incomplete notifications will not be approved.

Notification Date:		Start Date:		End Date:		Revision # (for changes):	
Reason for Revision:							
Scheduled Work Hours From:		To:		<input type="checkbox"/>	Weekends Included		
Contractor Name:					MI Certification #:	C-	
Contact Person:					Phone #:		
Certified Lead Supervisor for this Project:					MI Certification #:	P-	
Risk Assessor:					MI Certification #:	P-	
Type of Lead Based Paint Assessment:	<input type="checkbox"/>	Risk Assessment	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Assumed	
Building Owner:					Phone #:		
Project/Site Address:				City:			Zip:
Apartment Numbers:					County:		
Occupancy Status:		Building Type		Occupancy Type			
<input type="checkbox"/> Occupied (Includes temporary relocation)	<input type="checkbox"/> Vacant Abandoned/unoccupied	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Child-Occupied Facility	<input type="checkbox"/> Rental	<input type="checkbox"/> Owner-Occupied	<input type="checkbox"/> Vacant or unknown
Housing Agency (agency funding the project)							
Contact Person:					Phone #:		
Scope of Work							
<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Paint Removal	<input type="checkbox"/> Soil Replacement	
Brief detail of scope of work (replace windows, exterior doors, interior doors, siding, encapsulate baseboards room #4, etc)							

1. Complete form.
2. Return to HHS at least three (3) business days prior to the commencement of the work.
3. If project schedule changes, mark the appropriate revision number at the top of the form and send in at least 24 hours prior to change.

MDHHS - Healthy Homes Section
 P.O. Box 30037
 Lansing, MI 48909
 Attn: Compliance Officer
 FAX: 517-284-9956