

# M1 - LEAD ACTIVITY DECLARATION

This form must be completed by a State of Michigan licensed lead professional and submitted to the City of Detroit's Buildings, Safety, Engineering, and Environmental Department, Property Maintenance Division.

**Include the following reports:** Lead Based Paint Inspection, Lead Based Paint Risk Assessment; Remediation and Clearance Summary; and all related laboratory results must be submitted to complete reporting requirements.

Subject Property Location: \_\_\_\_\_

City: \_\_\_\_\_ Detroit \_\_\_\_\_ State: \_\_\_\_\_ MI \_\_\_\_\_ Zip: \_\_\_\_\_ 482 \_\_\_\_\_

Risk Assessor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ State Certification Number: \_\_\_\_\_

Risk Assessor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address (if different): \_\_\_\_\_ Company Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_ Owner Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of Lead Inspection: \_\_\_\_\_ Date(s) of Lead Hazard Assessment: \_\_\_\_\_

Were lead based paint identified by XRF and dust sampling?  Yes  No (if No, No further testing required)

Were lead based paint hazards identified?  No  Yes

If yes, indicate what type(s):  Paint  Dust  Soil

Were potential lead based paint hazards identified?  No  Yes

Was soil sampled?  No  Yes

If yes, indicate what type(s):  Play Area  Drip-Line/Foundation  Vegetable Garden

Other (describe): \_\_\_\_\_

Indicate why soil was not sampled: \_\_\_\_\_

**Note:** If soil conditions cannot be ascertained risk assessor must return to site and evaluate the need for soil sampling. **When soil conditions are determined, the risk assessor must submit an addendum report with their findings.**

Lead-based paint detection technique used (check one):

Paint Chip Samples  XRF (Serial # \_\_\_\_\_ )

The undersigned hereby acknowledges that the information provided herein and related reports are complete, accurate, and true. The undersigned also accepts full and irrevocable responsibility for the validity of the information provided, legal and regulatory, in accordance with all federal, state, and local requirements. Work Practice Standards adopted by the State of Michigan for Lead Hazard Control for a Lead inspection, R325.99403, and for a Risk Assessment, R325.99494, must be adhered to.

Risk Assessor's State Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**Complete and attach additional copies of this form, as needed, for complete reporting.**

