Ohio Department of Health

Clearance Examination Report

As Required by Ohio Administrative Code 3701-32

Ohio law(section 5302.30 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 99 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 6 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 ☐ Residence ☐ Child daycare facility ☐ School ☐ Other.....	
Building Address	City TOLEDO	State 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 number (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 number		License expiration date
Employer street address	City	State	Zip
Employer			Employer telephone

Activity conducted requiring clearance examination (Please check appropriate boxes.)

☐ Lead abatement ☐ Lead-safe renovation
☐ Lead Hazard Control Order ☐ Interim controls
☐ Essential maintenance practices ☐ Paint stabilization

Dates of Lead Hazard Control or other activity performed

Start date	Completion date

Check each clearance activity performed and attach appropriate form(s):

☐ Visual assessment ☐ Dust sample collection
☐ Soil sample collection ☐ Water sample collection

Date of Clearance Examination

☐ Passed Clearance examination
☐ Failed Clearance examination
☐ Repeat Clearance examination

This form is accompanied by the following required information

☐ Description of the lead hazard work performed ☐ Diagram of the floor plan with sample locations
☐ Laboratory results/reports ☐ Visual Assessment form

For a clearance examination following lead abatement on a property under a Lead Hazard Control Order issued under rule 3701-30-09 of the Administrative Code, were all lead hazards identified in the Lead Hazard Control Order sufficiently eliminated or controlled, based on comparison of the Lead Hazard Control Order with the work performed?

☐ Yes ☐ No (if no, attach an explanation) ☐ Not Applicable

Clearance Examiner signature	Date

HEA 7730 (8/13)

City of Toledo

Clearance Examination Report

As required by the Toledo Ordinance

Clearance Date:				
Property Address:	Unit:	City: TOLEDO	State: OHIO	Zip Code:
Summary Notes:				

Note: There may be unidentified lead paint or lead paint hazards in this residence, due to the limited nature of a Clearance Examination. Un-sampled paint, soil, or surface dust may be a lead hazard. Sampled or un-sampled paint, soil, or dust with less than the regulated amounts or concentrations of lead may create lead hazards if chewed, swallowed, inhaled, or if the paint is turned into dust or chips by abrasion, scarping, sanding, or other disturbance.

This clearance examination does NOT represent that the subject property is lead free.

Ohio Department of Health

Lead Hazard Control Visual Clearance

Clearance date		Page 1 of 1

Name of Clearance Examiner	License number	License expiration date

Name of property owner/manager	Property owner/manager phone

Property address	City	State	Zip
	TOLEDO	OHIO	

Lead hazard control start date	Date/time final cleanup completed

Name of Contractor, Project Designer, Lead Safe Renovator or Essential Maintenance worker	Telephone

Address	City	State	Zip

☐ Passed Visual Clearance Examination ☐ Failed Visual Clearance Examination ☐ Repeat Visual Clearance Examination

Room Identifier	List of building components to be treated and method of control in each room	Work on each component completed?		Visible paint chips seen?		Visible settled dust seen?		Additional work required?	
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
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		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

Exterior soil	☐ Treated	☐ Not treated (provide explanation if not treated)
If treated, is bare soil present?	☐ Yes	☐ No
Was contaminated soil removed?	☐ Yes	☐ No
Is additional soil treatment required?	☐ Yes	☐ No

Notes:

Clearance Examiner signature

Lead Hazard Control Visual Clearance continued

Clearance date		Page 1 of 2
Property address	City TOLEDO	State OHIO ZIP

Room Identifier	List of building components to be treated and method of control in each room	Work on each component completed?		Visible paint chips seen?		Visible settled dust seen?		Additional work required?	
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
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		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
		☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

City of Toledo

Clearance Examination Report

As required by the Toledo Ordinance

City of Toledo

Dust Wipe Analysis

I certify that I have been trained or certified as a lead inspector, lead risk assessor or a lead clearance technician in accordance with Ohio Department of Health guidelines, and that I am registered with the City of Toledo, Department of Housing and Community Development with my registration in good standing. I further confirm that I am in compliance with all state and local lead safety regulations.

I certify that the residential rental property or in-home family daycare located at _____ has successfully passed the clearance examination, including both the Visual Inspection and Dust Wipe Samples. As of the inspection date, this property is considered Lead Safe and compliant with the necessary regulations.

Prepared and Submitted by:	License #:	Date:

Note: Copies of this report must be provided to the client requesting the Clearance Examination, the property owner if they are different individuals, and the Toledo-Lucas County Health Department.

Note: Copies of this Verified Report of Lead Safe Residential Rental Property must be attached to the application to register, or renewal registration for a Certificate of Lead Safe Rental Property to be issued by the Toledo-Lucas County Health Department. A copy of this report should be provided to the client requesting the Clearance Examination and the property owner if they are different individuals.

In order for the report to be considered complete and undergo review, the following items **must** be provided:

- ☐ Floor Plan with Test Areas Identified
- ☐ Lab Results
- ☐ Chain of Custody Form
- ☐ Photos of side A, B, C, D

Incomplete submissions will not be processed, and additional documentation may be requested to ensure the accuracy and completeness of the report. Please ensure all required documents are included before submission to avoid delays in the review process.

City of Toledo

Clearance Examination Report

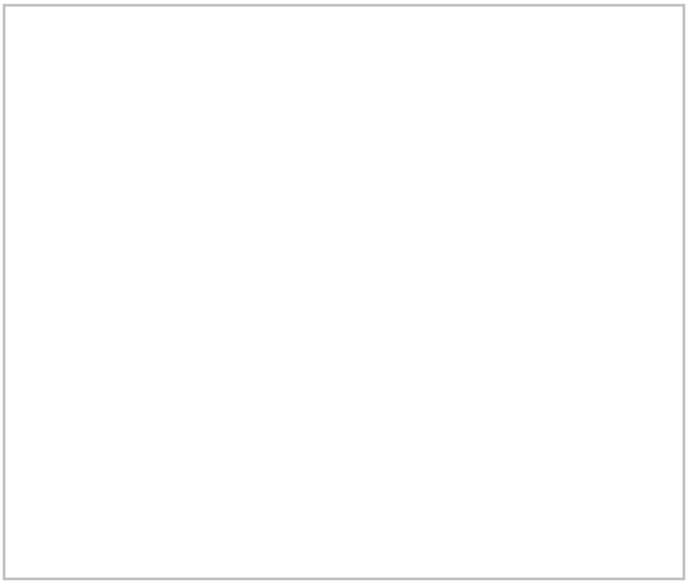
As required by the Toledo Ordinance

Picture Page

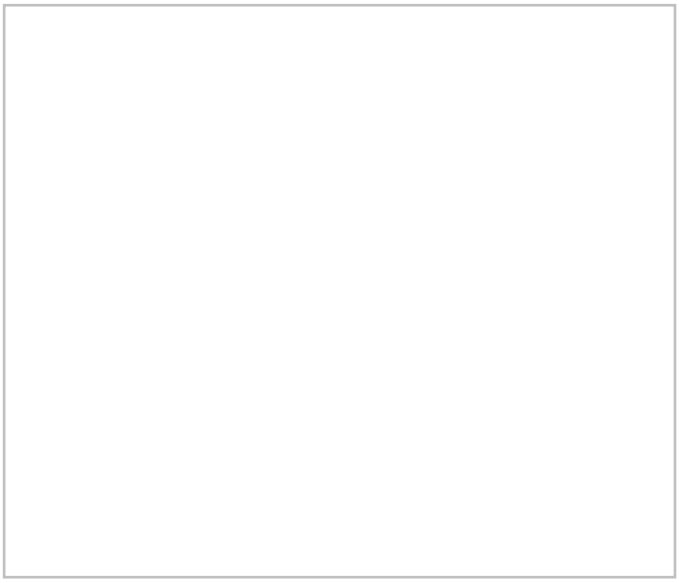
Property Address		Unit
City TOLEDO	State OHIO	Zip
Built	Parcel #	Census Tract

A

B



C



D

City of Toledo

Clearance Examination Report

As required by the Toledo Ordinance

Picture Page

Property Address		Unit
City TOLEDO	State OHIO	Zip
Built	Parcel #	Census Tract

City of Toledo

Clearance Examination Report

As required by the Toledo Ordinance

Floor Plan

Property Address		Unit
City TOLEDO	State OHIO	Zip
Built	Parcel #	Census Tract

C

B

D

A

City of Toledo

Clearance Examination Report

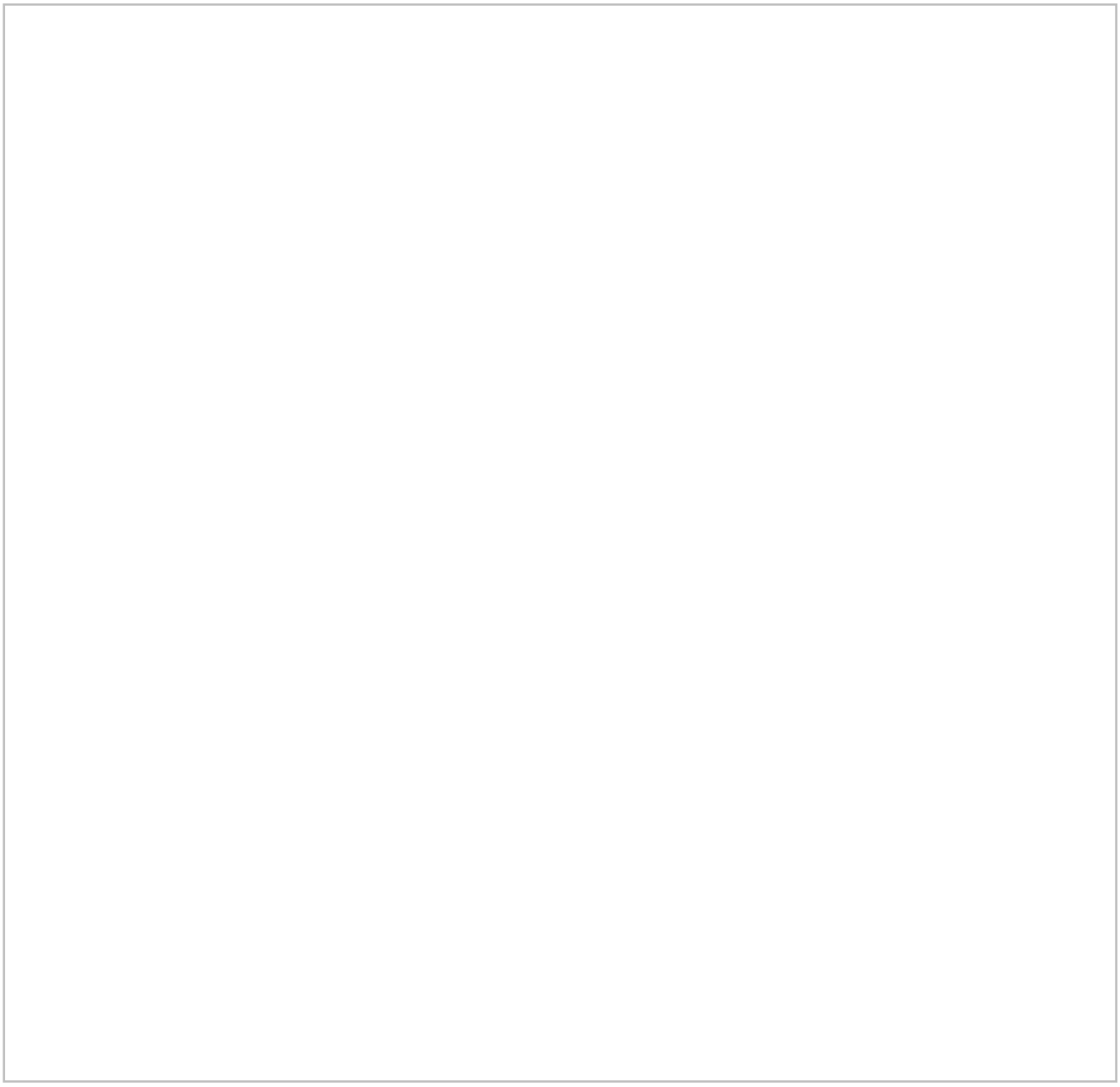
As required by the Toledo Ordinance

Floor Plan

Property Address		Unit
City TOLEDO	State OHIO	Zip
Built	Parcel #	Census Tract

C

B



D

A

City of Toledo

Clearance Examination Report

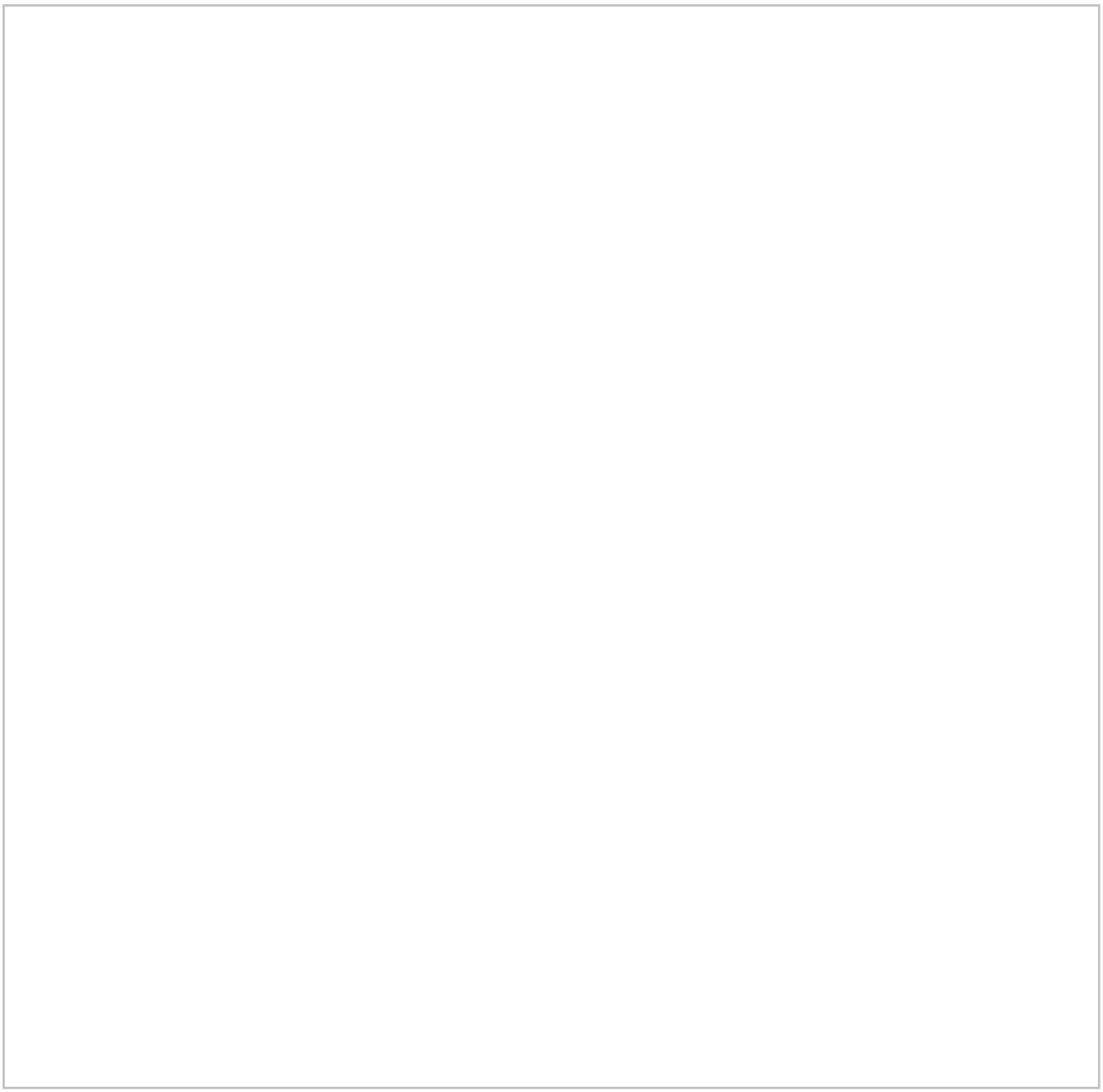
As required by the Toledo Ordinance

Floor Plan

Property Address		Unit
City TOLEDO	State OHIO	Zip
Built	Parcel #	Census Tract

C

B



D

A