

LEAD HAZARD RISK ASSESSMENT
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

FACILITY

| | | | |
|---------------|-------|-----------------------|--|
| Facility Name | | Facility Phone Number | |
| Licensee Name | | License Number | |
| Address | | County | |
| City | State | Zip Code | |

A lead hazard risk assessment must be completed of all child use areas, including any outdoor play areas, for a child care center built prior to 1978. For each room/area/wing inspected, indicate whether any lead hazards were found by indicating "yes" or "no." If lead hazards were found, the hazard must be addressed. Indicate "addressed" once a lead hazard has been satisfactorily addressed. If a lead hazard was found, list the hazards and how they were addressed.

Note: A lead hazard risk assessment determines the existence of current lead-based paint hazards and identifies options for reducing those hazards. For more information, go to http://michigan.gov/dhs/0,4562,7-124-5529_49572_53751-336885--,00.html.

| NO | YES | ADDRESSED | Room Name/Number/Wing of Building | List Lead Hazards and How Addressed |
|--------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Has additional documentation been provided to the applicant/licensee such as a narrative report, diagrams, etc.?

Yes No

Has a Lead-Based Paint Inspection been done in conjunction with the Lead Hazard Risk Assessment (optional)?

Yes No

If so, was lead-based paint present?

Yes No

LEAD HAZARD RISK ASSESSOR INFORMATION

| | | |
|-----------------------------------|--------------|-------------------------------|
| Name of Lead Hazard Risk Assessor | | Date of Inspection |
| Name of Company | Phone Number | Email Address |
| Certification Number | | Certification Expiration Date |
| Signature | | Date |

LARA is an equal opportunity employer/program.

