



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION

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Commissioner

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CERTIFICATE OF LEAD SAFE

Property Address: _____

Order of Lead Hazard Reduction DPHS NO: _____

I hereby certify that sampling and analyses was performed in accordance with He-P 1608.04 and He-P 1608.12 and accurately represents the conditions in the areas tested on this date. I further certify that no lead exposure hazards were detected during the inspection, and dust wipe and soil sample analyses complied with He-P 1608.12(r).

- No lead paint hazards on interior of the dwelling or dwelling unit**
- No lead dust hazards on interior dwelling or dwelling unit**
- No lead paint hazards on interior common areas**
- No lead dust hazards on interior common areas**
- No lead paint hazards on exterior of the dwelling or dwelling unit**
- No lead bare soil hazards**

This certificate is issued following a lead inspection, risk assessment, or clearance inspection where lead hazard control work was performed, as checked below:

- Lead Inspection**
- Risk Assessment**
- Clearance Inspection following Abatement**
- Clearance Inspection following Interim Control/Renovation**
- Reassessment to renew/update Certificate of Lead Safe**

This certificate of lead safe for this dwelling, dwelling unit, or child care facility shall remain in effect for one year or as long as there continues to be no lead exposure hazards present, all encapsulants or enclosures remain in place and undamaged, and all required records regarding in-place management practices are completed and maintained as required by He-P 1600.

Risk Assessor Name: _____
 (Please Print)

Risk Assessor Signature	RA-000 RA License No.	Date Issued
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Attachments:

Copy of the Lead Inspection Report (1608.01(e)), Risk Assessment Report (1608.03(c)) or Clearance Inspection Report (1608.12(r)) prepared in accordance with He-P 1600 that will validate the areas checked above.