



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

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Notification of Work Form

I. CONTRACTOR INFORMATION

Company		License # & Exp. date
Mailing Address		Suite/Apt. #
City	State	Zip Code
Email	Phone	

II. PROJECT INFORMATION

Project Address (including unit #(s), if applicable)		DPHS Order No(s).
City	State	Zip Code
Working shifts (check all that apply) <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> Days	Estimated start and end hours:	
Start Date (Date should include set-up)	End Date (Date should include clearance)	
Has a Work Scope been developed for this project? (Submit with form)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an Occupant Protection Plan been developed for this project? (Submit with form)		<input type="checkbox"/> Yes <input type="checkbox"/> No

III. LICENSED LEAD ABATEMENT SUPERVISOR

Company		License # & Exp. date
Mailing Address		Suite/Apt. #
City	State	Zip Code
Email	Phone	

IV. LICENSED LEAD PROFESSIONALS WORKING ON THE PROJECT (add an additional sheet if necessary)

Name	License # & Exp. date
Name	License # & Exp. date
Name	License # & Exp. date
Name	License # & Exp. date
Name	License # & Exp. date
Name	License # & Exp. date

V. UNLICENSED INDIVIDUALS WORKING ON THE PROJECT

Name	Scope of work they will be performing
Name	Scope of work they will be performing
Name	Scope of work they will be performing
Name	Scope of work they will be performing

VI. STATEMENT OF COMPLIANCE

I certify that I have read, understand, and agree to comply with the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I understand a licensed lead abatement supervisor must be on site at all times while abatement activities are in progress and if unlicensed individuals will be working on the project I understand they are only allowed on-site once preliminary clearance has been achieved. I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date: _____

Signature Property Owner

Print Name

VII. NOTICE OF INTENT TO ENTER PROPERTY FOR COMPLIANCE INSPECTION

Pursuant to RSA 130-A, He-P 1600, and RSA 540-A:3-a, the commissioner shall conduct compliance inspections to verify compliance with the requirements of RSA 130-A, He-P 1600, and RSA 540-A:3-a in regard to work performed by licensed lead abatement contractors or owner-contractors. In order for the commissioner to conduct these compliance inspections, the commissioner may enter the exterior and interior of the property. The commissioner shall only enter the interior of the property when the property owner, agent, tenant, lead abatement contractor, or lead abatement supervisor is on site. The commissioner may inspect the exterior of the property even if there is nobody on site.

VII. SUBMIT THE NOTIFICATION OF WORK FORM BY ONE OF THE FOLLOWING:

The Notification of Work Form must be received by the HHLPPP **5 days** prior to the start of the lead hazard reduction. A copy of the Work Scope and Occupant Protection Plan for the project **must** be submitted with this form. If there are any changes to the start or end date of the project, the HHLPPP must be notified by telephone or email at least 48 hours prior to the new start and end date and a new Notification of Work Form **must** be submitted to the HHLPPP within 48 hours of the telephone or email notification by facsimile or email.

Scan and email: nhleadprogram@dhhs.nh.gov
Fax to: 603-271-3991
Mail to: NH Department of Health and Human Services
Division of Public Health Services
Healthy Homes and Lead Poisoning Prevention Program
29 Hazen Drive
Concord, NH 03301-6504

VIII. CERTIFICATION OF PROVIDING NOTIFICATION TO OCCUPANTS

I hereby certify that I have provided written notification to the occupants with access to common areas affected by the lead hazard reduction work at least 5 days in advance of the proposed lead hazard reduction work, which includes the following information:

1. Scheduled dates and work hours for the lead hazard reduction work;
2. Identification of work site(s); and
3. Information on the alternative entrance or exit to be used during the work.

Date: _____

Signature of Property Owner

Print Name