



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson

City of Cleveland  
Department of Building and Housing  
Division of Record Administration  
601 Lakeside Avenue E., Rm. 517  
Cleveland, Ohio 44114

# LEAD SAFE CERTIFICATION APPLICATION

Date:          
M M D D Y Y Y Y

## Submitted By:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Property: ☐ Inspector/Risk Assessor ☐ Owner ☐ Property Manager ☐ Other \_\_\_\_\_

## Property Location:

Street Address: \_\_\_\_\_ Year Built: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_  
Permanent Parcel Number: \_\_\_\_\_ Number of Units Inspected/Tested: \_\_\_\_\_  
Is Your Property a Rental? \_\_\_\_\_ Rental Registration #: RR \_\_\_\_\_ - \_\_\_\_\_

## Property Profile:

## Clearance/Risk Assessment Performed On:

Date:          
M M D D Y Y Y Y Time: \_\_\_\_\_ ☐ AM ☐ PM

## Owner's Information:

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

## Property Prepared/Cleaned/Remediated By:

ODH License #/RRP Certification #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

## Lead Inspection Performed By:

Name of Clearance Investigator: \_\_\_\_\_  
Ohio Department of Health (ODH) Certification#: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company/Firm: \_\_\_\_\_ EPA/ODH Lead Firm Certification # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

# LEAD SAFE CERTIFICATION APPLICATION

## Lab Information:

Lab Name: \_\_\_\_\_

Lab Accreditation Number: \_\_\_\_\_

## Clearance Examination Findings:

☐ Passed Clearance Examination

☐ Failed Clearance Examination

## Risk Assessment Inspection Findings:

☐ Active Lead Hazards Identified

☐ No Active Lead Hazards Identified

## XRF Paint Inspection Findings:

☐ Lead Paint Present

☐ Lead Paint Not Present

Paint Inspection Performed On: \_\_\_\_\_

Please attach additional ODH credential and Lab information on a separate sheet if examinations/inspections performed by multiple vendors.

I hereby certify that the information provided on this cover sheet is an accurate representation of the information contained in the attached Lead Clearance/Lead Risk Assessment Report and that the report was prepared pursuant to the guidelines in Ohio Administrative Code Section 3701-32.

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

Printed Name: \_\_\_\_\_

Submit this form and the associated inspection report via email to: [LeadCertCLE@city.cleveland.oh.us](mailto:LeadCertCLE@city.cleveland.oh.us) or via postal mail to: City of Cleveland Department of Building and Housing Division of Records Administration; 601 Lakeside Avenue E., Rm 517; Cleveland, Ohio 44114. Must be postmarked within 30 days of the date of inspection.