STATE OF CALIFORNIA
Division of Occupational Safety and Health

# LEAD-WORK PRE-JOB NOTIFICATION

☐ Annual Notification for Steel Structures

(Note: items marked * are required)

| *Name of employer doing 'Lead Work' | *Address | *Zipcode | *Phone |
|---|---|---|---|
| Calif. Cont. Lic. No. (if applicable) | | | Pager/cellular phone No. |

| Supervisor: | *Number of lead-job workers: (check one below) | |
|---|---|---|
| * Supervisor name: | ☐ 1 - 5 | ☐ 31 - 40 |
| California Department of Health Services Lead Cert. No. (if applicable) | ☐ 6 - 10 | ☐ 41 - 50 |
| | ☐ 11 - 20 | ☐ > 50 |
| | ☐ 21 - 30 | |

| *Job start date/time | *Job completion date/time | Shift | *Approximate duration of 'Lead Work' in days |
|---|---|---|---|
| | | ☐ Day<br>☐ Swing<br>☐ Graveyard<br>☐ Other | |

| *Street address or location of job | City | Nearest cross street |
|---|---|---|
| | | |
| | County | Zipcode |
| | | |

*Precise Location of work (building no., room no., etc.)

| Entity contracting the lead-work | Address | Zipcode | Phone |
|---|---|---|---|
| ☐ Premises Owner ☐ Lessee (check one) | | | Pager/cellular phone No. |

Type of structure and use:

☐ Office Building ☐ Residence ☐ Steel Structure/Type _____
☐ Public Access/Commercial ☐ School ☐ Other _____

Scope of work and work practices:

*Describe lead-related work to be done (check all that apply)

☐ Surface Preparation ☐ Wall Repair ☐ Other _____
☐ Water/Moisture Damage Repair ☐ Paint Removal
☐ Window/Door Repair/Replacement ☐ Demolition

*Describe paint removal methods (check all that apply):

☐ Manual Scraping/Sanding ☐ Demolition ☐ Hydroblasting ☐ Other work practices disturbing lead: _____
☐ Power Sanding/Grinding ☐ Heat Guns ☐ Torch Cutting
☐ Chemical Stripping ☐ Abrasive Blasting ☐ Welding

*Amount of area to be disturbed: (check one per column)

| | |
|---|---|
| ☐ < 10 square feet | ☐ < 10 linear feet |
| ☐ 10 - 100 square feet | ☐ 10 - 100 linear feet |
| ☐ 101 - 1000 square feet | ☐ 100 - 1000 linear feet |
| ☐ > 1000 square feet | ☐ > 1000 linear feet |

Torch Cutting/Welding
Duration of work: _____

Concentration of lead in disturbed materials:

_____ parts per million (ppm) _____ % percent by weight
_____ $mg/cm^2$ Assumed to be lead-containing: ☐ YES

| *Name of notifier | Title: | *Date signed: |
|---|---|---|
| | | |

This information is provided in accordance with Title 8, California Code of Regulations, Construction Safety Order Section1532.1 (p).

1/25/02