Lead Activity Firm Quarterly Report

Name of Lead Activity Firm: _____

Address: _____

License Number: _____

Reporting Period (Check one): Year _____

☐ January 1 – March 31 (Due April 10th)

☐ April 1 – June 30 (Due July 10th)

☐ July 1 – September 30 (Due October 10th)

☐ October 1 – December 31 (Due January 10th)

	Number Completed
Lead Based Paint Inspections	
Lead Hazard Risk Assessment	
Lead Hazard Clearance Reports	
Lead Abatement Projects	
Lead Hazard Control Projects	

If you have not performed any of the items listed above, please check the box below.

☐ No work has been completed during the marked time frame.

Names of all lead professionals who performed work for the firm during the reporting period:

Complete Name	Certificate Number	Expiration

Owner Signature or Authorized Representative: _____

Lead Activity Firm Quarterly Report

Name of Lead Activity Firm: _____

Address: _____

License Number: _____

Complete mailing address of the property lead activity work occurred:	
Street Address	
City, State Zip	

Description of the type of activity that occurred:

Date the activity was completed: