



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LEAD LICENSING PROGRAM  
**LEAD ABATEMENT PROJECT OCCUPANT PROTECTION PLAN**

**GENERAL INFORMATION**

This document has been developed to inform the occupant(s)/owner(s) of the work that will be taking place in the dwelling and what procedures will be implemented to protect the occupant(s)/owner(s) upon reentry. This document should be presented to an adult occupant/owner of the home prior to the beginning of abatement. It should be accompanied by a list and description of the work that is to be performed by the lead abatement contractor. The lead abatement contractor will protect the occupant(s)/owner(s) by adhering to the regulations set by the state of Missouri Department of Health and Senior Services (Department) (19 & CSR 30-70.630) and the Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing established by the U.S. Department of Housing and Urban Development (HUD Guidelines). **Please review all information provided in this document.** The contractor and an adult occupant/owner should initial each section on page 2, indicating the information is understood. Please feel free to contact the Department's Lead Licensing Program at (573) 526-5873 or visit our website at: <http://health.mo.gov/safety/leadlicensing>.

**DATE STAMP**

(OFFICE USE ONLY)

- A written occupant protection plan shall be developed for all abatement projects (19 CSR 30-70.630(7)(A)) and must meet the requirements of Department's Lead Licensing Program (19 CSR 30-70.630(7)(B)1-7)
- Mail to: Missouri Department of Health and Senior Services, Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570, or Email to: [Lead@health.mo.gov](mailto:Lead@health.mo.gov) (less than 10MB in file size)

**PLEASE TYPE OR PRINT LEGIBLY**

**PART A. PROJECT INFORMATION (additional pages may be attached)**

|   |                    |                                   |                  |                  |
|---|--------------------|-----------------------------------|------------------|------------------|
| PROJECT ADDRESS   |                    | CITY                              | ZIP CODE         | COUNTY           |
| PROPERTY OWNER(S) NAME  |                    | PROPERTY OWNER(S) MAILING ADDRESS |                  | TELEPHONE NUMBER |
| PROPERTY OCCUPANT(S) NAME                                     |                    |                                   | TELEPHONE NUMBER |                  |
| OCCUPANT(S) RELOCATED FROM DWELLING DURING ABATEMENT PROJECT? | IF NO, EXPLAIN WHY |                                   |                  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO      |                    |                                   |                  |                  |

**PART B. CONTRACTOR INFORMATION**

|  |                           |         |                              |  |
|--|---------------------------|---------|------------------------------|--|
| LEAD ABATEMENT PROJECT CONTRACTOR (COMPANY NAME) |                           | ADDRESS |                              |  |
| TELEPHONE NUMBER                                 | CONTRACTOR LICENSE NUMBER |         | INSURANCE EXPIRATION DATE    |  |
| LEAD ABATEMENT PROJECT SUPERVISOR(S)             |                           |         | SUPERVISOR LICENSE NUMBER(S) |  |

**PART C. PREVIOUS LEAD INSPECTION(S)/RISK ASSESSMENT(S) (IF APPLICABLE)**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> LEAD INSPECTION             | <input type="checkbox"/> RISK ASSESSMENT | LEAD INSPECTION(S)/RISK ASSESSMENT(S) DATE | LEAD INSPECTION(S)/RISK ASSESSMENT(S) RESULTS ATTACHED?  |
| <input type="checkbox"/> NOT APPLICABLE              |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LEAD INSPECTOR(S)/RISK ASSESSOR(S) NAME              |  |  | LICENSE NUMBER   |
| COMPANY EMPLOYING LEAD INSPECTOR(S)/RISK ASSESSOR(S) |  |  | TELEPHONE NUMBER   |

**SCOPE OF WORK (list of abatement strategies to be employed, types of components being abated, specific precautions, attach documents if necessary)**



**LEAD ABATEMENT PROJECT OCCUPANT PROTECTION PLAN**

**OCCUPANT PROTECTION**

Occupant(s) of dwelling unit(s) undergoing lead abatement activities shall be protected from exposure to lead hazards while lead abatement work is being performed. The occupant protection plan shall describe the measures and management procedures that will be taken during abatement to protect building occupant(s) from exposure to any lead hazards (19 CSR 30-70.630(7)(A)).

- The contractor and an adult occupant review the statements below and initial on each line acknowledging the individual understands each statement.
- At the bottom of the form the adult occupant signs his/her name acknowledging that he/she has read the occupant protection plan. The lead abatement supervisor also signs his/her name certifying that all information is correct to the best of his/her knowledge.

**PROTECT YOUR FAMILY**

In order to perform this work safely and without delay, you (the occupant(s)) should plan to relocate all family members including pets, from the home during the lead abatement project until final clearance is achieved. If occupant(s) are unable to relocate during the abatement project, the lead abatement supervisor shall follow HUD Guidelines: Chapter 8: Section IV if the work plan allows. Otherwise the lead abatement project should be rescheduled or cancelled. Notice: Not vacating the home may prolong the amount of time it will take to complete the work, as extra containment barriers will have to be constructed within the home to properly follow HUD Guidelines: Chapter 8: Section IV.

\_\_\_\_\_  
/\_\_\_\_\_  
SUPERVISOR / OCCUPANT

**OCCUPANT RESPONSIBILITY**

All personal items (including window treatments) should be removed from the work area. Items that are fragile (including electronics) should be stored as far away from the work areas as possible. Alert family, friends and neighbors that work will be taking place at your home, and they should not visit until all abatement work is completed and final clearance has been achieved. Have your mail held/suspended or rerouted until clearance is achieved.

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/\_\_\_\_\_  
SUPERVISOR / OCCUPANT

**RESTRICTED AREA**

Prior to work beginning, the lead abatement contractor shall establish and maintain a complete regulated area using fencing, barrier tape or other appropriate barriers along with signage at all entrances to the regulated area to warn and restrict access to the property until final clearance is achieved. Only licensed lead professionals or persons authorized by the Department shall be allowed inside of the regulated area until the final clearance is achieved.

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/\_\_\_\_\_  
SUPERVISOR / OCCUPANT

**WORK PRACTICES**

During all abatement work, six (6) mil polyethylene sheeting (poly) will be used to protect your home and any belongings left within the work area. To prevent the spread of dust, windows and doors will be kept closed, fans will be turned off and HVAC systems will be shut down. Vents will be covered with six (6) mil poly and sealed with duct tape. Cleaning of the work area using high efficiency particulate air (HEPA) vacuum/wash/HEPA vacuum cleaning process will take place before, during and after all abatement work and at the end of each working day.

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SUPERVISOR / OCCUPANT

**WASTE DISPOSAL**

All waste generated from a lead-based paint abatement project will be wrapped and bagged completely in six (6) mil poly and sealed with duct tape to prevent loss of debris or dust and disposed of in accordance with the requirements of Environmental Protection Agency (EPA), Missouri Department of Natural Resources and any other federal, state and local laws. Waste will be stored in a secure location until disposal can take place.

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SUPERVISOR / OCCUPANT

**POWER TOOL USAGE**

In order to prevent any unnecessary spread of lead dust, only power tools within containment and affixed with a HEPA vacuum exhaust control will be used on any components coated with lead-bearing substances. Any other power tools on the job site are for use on new and non lead-bearing materials only. If there is a situation that would require the use of power tools on components coated with lead-bearing substances, a detailed description of the tools to be used and which components will be impacted will be included in this Occupant Protection Plan or provided to you upon approval from the Department.

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SUPERVISOR / OCCUPANT

**WEATHER**

In the event of rain, snow, etc. all exterior work will cease immediately and all debris will be cleaned up promptly. Exterior work will not take place when wind speeds exceed the contractors' ability to contain debris.

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SUPERVISOR / OCCUPANT

**CLEARANCE**

Only licensed lead professionals or persons authorized by the Department shall be allowed within the regulated area until final clearance is achieved and reoccupancy is permitted.

\_\_\_\_\_  
/\_\_\_\_\_  
SUPERVISOR / OCCUPANT

By signing this document you are affirming that you are an adult occupant of the address listed above and that you have read, understand and agree to comply with all information and responsibilities described within.

|                          |                             |      |
|--------------------------|-----------------------------|------|
| ADULT OCCUPANT SIGNATURE | ADULT OCCUPANT NAME PRINTED | DATE |
|--------------------------|-----------------------------|------|

**NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR LISTED ON PAGE 1.**

I hereby certify that all of the information provided in this occupant protection plan is complete and true to the best of my knowledge, and that a copy of this occupant protection plan has been or will be provided to an adult occupant of each dwelling or dwelling unit being abated, and the property owner(s), or owner's designated representative(s), prior to the commencement of the lead abatement project (19 CSR 30-70.630(7)(B)6).

|   |  |      |
|---|--|------|
| LEAD ABATEMENT PROJECT SUPERVISOR SIGNATURE | LEAD ABATEMENT PROJECT SUPERVISOR NAME PRINTED | DATE |
|---|--|------|