



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LEAD LICENSING PROGRAM  
**LEAD ABATEMENT PROJECT POST-ABATEMENT REPORT**

GENERAL INFORMATION		DATE STAMP (Office Use Only)
<p>You must provide a completed Post-Abatement Project Report form to the property owner within twenty (20) business days of completing a lead abatement project (19 CSR 30-70.630 (8)).</p> <p>A copy of the laboratory results must be submitted with this form (701.309(6) RSMo).</p> <p>A copy of the scope of work or a <b>detailed</b> description of abatement activities (19 CSR 30-70.630 (8)) must be submitted with this form.</p> <p><b>Please type or print legibly.</b></p>		

PART A. PROJECT INFORMATION			
PROJECT ADDRESS		CITY	STATE ZIP
PROPERTY OWNER'S NAME		PROPERTY OWNER'S TELEPHONE NUMBER	
PROPERTY OWNERS ADDRESS		CITY	STATE ZIP
DATE LEAD WORK BEGAN	DATE LEAD WORK CONCLUDED	DATE OF FINAL CLEARANCE TESTING	DATE CLEARANCE SAMPLES ANALYZED

PART B. PROJECT PERSONNEL			
LEAD ABATEMENT PROJECT CONTRACTOR (Company Name)		TELEPHONE NUMBER	LICENSE NUMBER
STREET ADDRESS		CITY	STATE ZIP

List all personnel that performed abatement (indicate any Supervisor(s) with an (S) at the beginning of their license number) (additional pages may be attached as necessary)

NAME	LICENSE NUMBER	NAME	LICENSE NUMBER

PART C. CLEARANCE TESTING	
COMPANY EMPLOYING RISK ASSESSOR/ LEAD INSPECTOR	TELEPHONE NUMBER
RISK ASSESSOR/LEAD INSPECTOR'S NAME	LICENSE NUMBER
NATIONAL LEAD LABORATORY ACCREDITATION PROGRAM (NLLAP) (ACCREDITED LABORATORY THAT CONDUCTED THE ANALYSIS)	

COMMENTS

**NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR(S) LISTED ABOVE**  
 I hereby certify that all of the information provided in this post-abatement report is complete and true to the best of my knowledge, and that a copy of this report has been or will be provided to the property owner(s) within twenty (20) business days of completing the lead abatement project (19 CSR 30-70.630 (8)).

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE