

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES LEAD LICENSING PROGRAM

## Contractor Informational Packet

This informational packet is designed to assist you in meeting your responsibility as a lead abatement contractor. Contractors working on painted surfaces of a Missouri Department of Transportation (MODOT) bridge project are required to follow all federal, state and local regulations concerning the abatement of lead-based paint. Missouri Department of Health and Senior Services (DHSS) is the regulatory authority for Lead-based paint abatement in the state of Missouri.

The following requirements must be completed before beginning a lead abatement project.

- The company must be licensed by DHSS as a "Lead Abatement Contractor".
- All employees working within the regulated area must be individually trained and licensed by DHSS as either a "Lead Abatement Supervisor" or "Lead Abatement Worker".
- A licensed "Lead Abatement Supervisor" must be on site at all times during abatement activities.
- A complete <u>Lead Abatement Project Contractor Notification</u> form must be submitted to DHSS ten (10) business days prior to the onset of abatement activities.
- If any changes need to be made from the original notification, (i.e. addition of supervisor/worker, change in work hours, project needing to be placed on hold), a <u>Lead Abatement Project Contractor Renotification</u> form must be submitted twenty four (24) hours prior to implementing any such changes.

Application forms, licensing information and training schedules can be found on our website at: <a href="http://www.health.mo.gov/safety/leadlicensing">www.health.mo.gov/safety/leadlicensing</a>.

If you have any questions please feel free to contact the Department of Health and Senior Services, Lead Licensing Program by any of the following means.

Toll Free: 888-837-0927

Fax: (573)-526-0441

Email: Lead@health.mo.gov

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES LEAD LICENSING PROGRAM Contact Information Sheet

- Phone Number: (573) 526-5873 or toll free 1-888-837-0927
- Fax: (573) 526-0441
- Email: <u>Lead@health.mo.gov</u>
- Website: <u>www.health.mo.gov/safety/leadlicensing</u>

## Program Staff:

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Smith	Enforcement Officer
Rachel Landrum	Licensing
Teresa Morrow-Calvin	Training Accreditation



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES LEAD LICENSING PROGRAM LEAD ABATEMENT PROJECT FUNDING AGENCY NOTIFICATION

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MODOT Project
Job #:\_\_\_\_\_

GENERAL INFORMATION – All parts must be filled out of	ompletely				
You must submit a completed <i>Lead Abatement Project Funding Agency Notification</i> form ten (10) days prior to the onset of the lead abatement project (701.313, RSMo).					
A completed project notification includes the information requested	on this notification form.				
Form can be mailed to: Missouri Department of Health and Senior S City, MO 65102-0570, Scanned and Emailed to: <u>Lead@health.mo.gov</u> or	Services, Attn: Lead Licer	ising Program, P.O. Box 570, Jefferson			
Faxed to: (573) 526-0441					
PROJECT INFORMATION (additional pages may be attac	hed)				
PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF	WATER WAY ETC)	CITY AND COUNTY .			
MODOT RESIDENT ENGINEER (NAME, TELEPHONE AND EMAIL)					
TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY)  BRIDGE OVER ROADWAY/RAILWAY BRIDGE OVER WATERWAY OTHER					
PROJECT STRATEGY (CHECK ALL THAT APPLY)					
ENCAPSULATION     REMOVAL     REPLACEMENT     OTHER:     I ESYIMATED PROJECT COMPLETION DATE					
PROJECTED START DATE	ESTIMATED PROJECT COMPLE	ION DATE			
LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	1   T	ELEPHONE NUMBER			
	c	ONTRACTOR LICENSE NUMBER			
		,			
CONTRACTOR CONTACT PERSON (NAME AND PHONE #)					
NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE RI	ESIDENT ENGINEER.				
I hereby certify that all of the information provided in this knowledge.	initial notification is	complete and true to the best of my			
SIGNATURE OF MODOT REPRESENTATIVE		DATE			
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O 580-2996 (03-11)					



MODOT Project

Job #:\_\_\_\_\_

<b>GENERAL INFO</b>	RMATION - All p	arts must be fill	ed out complete	ly.		
You must submit a completed Lead Abatement Project Contractor Notification form ten (10) business days prior to the onset of the lead abatement project (701.309, RSMo; 19 CSR 30-70.640).						
A Lead Abatement I	Project Contractor I	Re-Notification form	n must be submitted	l if there are	any changes to thi	s initial project notification.
A completed project	notification include	s:				
<ul><li>2. The lead aba</li><li>Mail to: Missour</li><li>Please type or please type</li></ul>		tractor notification alth and Senior Se	fee of \$25.00	eceipts, P.O	. Box 570, Jeffersor	n City, MO 65102-0570.
PART A. PROJE	CT INFORMATI	ON (additional p	ages may be att	ached)		
PROJECT PHYSICAL LOCAT	TON (NAME OF ROAD, MIL	E MARKER, CROSS STREE	ET, NAME OF WATER WAY	·	CITY, COUNTY	
WHO IS YOUR MODOT CON	TACT, RESIDENT ENGINE	ĒR		MOL	OT CONTACT TELEPHON	ENUMBER
	R ROADWAY/RAILW R WATER	ΆΥ	PPLY)			
PROJECT STRATEGY	•			`	-	
ENCAPSULATION			1.444	IER: D PROJECT COM	PLETION DATE	
LIST WORKING H				Example (		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDA	Y SATURE	DAY SUNDAY
PART B. PROJE			jes may be attac	nea)	TELEPHONE NUMBER	CONTRACTOR LICENSE NUMBER
LEAD ABATEMENT	PROJECT SUPER	VISOR(S)		,		
	NAME				LICENSE NUMB	ER
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		ERS LICENSE NUM	RER	NAME		LICENSE NUMBER
	1				ā	LIGENOL NOMBER
	WAIO OTATEMENT					DOVE
NOTE: THE FOLLOW	VING STATEMENT I	NUST BE SIGNED E	BY THE LEAD ABAT	EMENT SUP	ERVISOR LISTED A	BOVE.
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I hereby certify th	at all of the info					
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MISSOURI DEPARTMENT OF HEALTH AND S LEAD LICENSING PROGRAM LEAD ABATEMENT PROJECT CONT			MODOT Project		
<b>GENERAL INFORMATION – All parts must be filled</b>	out completely.		· ·		
You must submit a completed Lead Abatement Project Contr changes from the original project notification (19 CSR 30-70.	-	-four (24) hours p	prior to implementing any		
<ul> <li>Submit form to the Lead Licensing Program by fax:</li> <li>Please type or print legibly.</li> <li>Call 888-837-0927 with any question</li> <li>Send a copy to MODOT Resident Engineer</li> </ul>	(573)526-0441 or email: <u>Lead@ł</u>	<u>iealth.mo.gov</u>			
PART A. PROJECT INFORMATION PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, I	NAME OF WATER WAY ETC)	CITY AND COUNTY			
LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)		TELEPHONE NUMBER	nninn is warre fa fa Mawanna		
PART B. PROJECT CHANGES (Please list all chan new start date; new completion date; new working					
Type of changes being made (check all that ap         Changing start or end dates         Starting/leaving early or late         Not working today only (date)    Specific details of changes (i.e.: Changing end date)	Project placed on tempor Project complete <i>(date co</i> Other changes:	ary hold until: ( pmpleted)			
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		<b>P</b> & A & 1			
NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR					
I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.					
SIGNATURE OF LEAD ABATEMENT SUPERVISOR		······································	DATE		
IO 580-2998 (03-11)					