Indiana State Department of Health

Indiana Lead & Healthy Homes Program

**Quarterly Reporting of Lead-based Paint Activities**

Submitting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Quarter: July 1st to September 30th 3rd Quarter: January 1st to March 31st

2nd Quarter: October 1st to December 31st 4th Quarter: April 1st to June 30th

**(Circle Reporting Quarter)**

Licensee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indiana License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Lead Risk Assessments Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Lead Inspections Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Lead Hazard Screens Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please FAX (317-233-1630) or send your report to Jeff Turner at [jturner@isdh.in.gov](mailto:jturner@isdh.in.gov) or mail to:

Indiana State Department of Health

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ATTN Jeff Turner