Lead-Based Paint Activities and Renovation Pre-Training Notification

**Important:** Training providers must submit the Pre-Training Notification to the Oregon Health Authority (OHA) at least seven (7) business days prior to the start date of the course.

***Clear form***

***Print form***

1. **Notification type** *(choose one)***:**

Original

Updated

Cancellation

If this is an update or cancellation, please show original date(s):

1. **Training program information:**

Name: Accreditation number:

*(example: 41R050)*

Address:

*Street City State ZIP code*

Phone number: Email:

1. **Course information** *(information in this section will be posted on the OHA website)***:**

Discipline:

Type:

Project designer Supervisor Worker

Initial Refresher

Inspector Risk assessor

Dust sampling technician Renovator

Language presented *(choose one)*: Training dates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date(s) *(month/day/year)*** | **Start time** | ***(H:MM)*** | | **End time *(H:MM)*** | |
|  | am / | | pm | am / | pm |
|  | am / | | pm | am / | pm |
|  | am / | | pm | am / | pm |
|  | am / | | pm | am / | pm |
|  | am / | | pm | am / | pm |

English

Spanish

Other:

*(attach additional sheets, if needed).*

Principal instructor *(name)*: Phone: Guest instructor(s) *(if any)*: Training location name *(if applicable)*:

Training location address:

*Street City State ZIP code*

Training manager *(print)* Training manager signature Date

Send completed form to: **Oregon Health Authority**

800 NE Oregon Street, Suite 640

Portland OR 97232

Fax: 971-673-0457

Email: [leadprogram@odhsoha.oregon.gov](mailto:leadprogram@odhsoha.oregon.gov)

OHA 8199 (10/22)