FILE NO. 021857 ORDINANCE NO.

[Lead Hazard Definition Amendment.]

Ordinance amending Section 1601 of Article 26 of the San Francisco Health Code to change to title of the Article to emphasize the lead poisoning prevention aspect of the Article; amending the definitions for various lead hazards in Section 1603 of Article 26 of the San Francisco Health Code to conform with the newly promulgated lead levels from the United States Environmental Protection Agency ("USEPA") and the California Department of Health Services ("CDHS") for Dust-Lead Hazard; conforming the terms used in the Article to those used by USEPA and CDHS; amending the definitions for "Case-Managed Child," "Elevated Blood Lead Child" and "Lead-Poisoned Child" to conform with the new requirements from the California Department of Health Services regarding case-management of lead-poisoned children, and making conforming changes to Sections 1601, 1602, 1604, 1617, and 1626.

Note: Additions are *single-underline italics Times New Roman*; deletions are ~~*strikethrough italics Times New Roman*~~. Board amendment additions are double underlined. Board amendment deletions are ~~strikethrough normal~~.

Be it ordained by the People of the City and County of San Francisco:

Section 1. The San Francisco Health Code is hereby amended by amending Article 26, to read as follows:

SEC. 1601. **TITLE.**

This law may be cited as the Comprehensive Environmental Lead Poisoning *Prevention,* Investigation, Management and Enforcement Program.

SEC. 1601. **FINDINGS.**

The Board of Supervisors finds that:

(a) The Centers for Disease Control ("CDC") have determined that childhood lead poisoning is one of the most common pediatric health problems in the United States today, and it is entirely preventable. ("Preventing Lead Poisoning in Young Children," CDC, Oct. 1991.) Children in San Francisco ~~*less than six years*~~ *up to 72 months* of age are particularly at risk due to the multiple sources of lead in the City's housing stock and in the background environment. The Board of Supervisors believes that childhood lead poisoning is the most significant environmentally caused health threat to young children living in San Francisco.

From March 1991 through November 1994, initial blood lead tests were received by the Department of Public Health for 7,143 children aged six ~~*months*~~ to *72 months.* ~~*six years.*~~ Of these 7,143 children, 587 (8.2 percent) had elevated blood lead (EBL) levels greater than or equal to 10 µg/dL, the level at which some action must be taken to prevent further exposures according to CDC guidance. Children requiring case management included 186 children (2.6 percent of the total) with blood lead levels between 15 and 19 µg/dL and 123 children (1.7 percent of total) with blood levels greater than or equal to 20 µg/dL. The highest prevalence of EBL was 10.1 percent for one-year-olds, closely followed by a prevalence of 9.6 percent among two-year-olds. ("San Francisco Epidemiologic Bulletin," Vol. 11, Nos. 1/2, Jan/Feb. 1995.)

There are approximately 42,000 children in San Francisco in the age group of concern, but this number is likely to grow. At the current rate of 9,000 births per year, thousands more children will enter the age group of concern in the coming years. Census data from 1990 show significant numbers of these children living in poverty, and in properties built prior to 1950. Based on these proven risk factors, a significant proportion of San Francisco's children are at risk for lead poisoning.

(b) Childhood lead poisoning is dangerous to public health, safety and general welfare. It requires large, but avoidable expenditures of public funds for health care and

special education, causing a substantial, unnecessary drain on public revenues, and it reduces the ability of lead-poisoned children to become productive members of the City's work force. Recent studies show a need for remedial education for lead-poisoned children. Studies by the federal government show that the benefits of protecting children from lead poisoning are far greater than the costs needed to prevent lead poisoning and reduce lead hazards.

(c) The Agency for Toxic Substances And Disease Registry has reported the following toxicological effects of lead to the U.S. Congress: "Exposure to lead continues to be a serious public health problem — particularly for the young child and the fetus. The primary target organ for lead toxicity is the brain or central nervous system, especially during early child development. In children and adults, very severe exposure can cause coma, convulsions and even death. Less severe exposure of children can produce delayed cognitive development, reduced IQ scores, and impaired hearing — even at exposure levels once thought to cause no harmful effects. Depending on the amount of lead absorbed, exposure can also cause toxic effects on the kidney, impaired regulation of vitamin D, and diminished synthesis of heme in red blood cells. All of these effects are significant. Toxicity can be persistent, and effects on the central nervous system may be irreversible." ("The Nature and Extent of Lead Poisoning in Children in the U.S.: A Report to Congress," ATSDR, July 1988.)

Furthermore, the ATSDR reported that in recent years, a growing number of investigators have examined the effects of exposure to low levels of lead on young children. The history of research in this field shows a progressive decline in the lowest exposure levels at which adverse health effects can be reliably detected. Thus, despite some progress in reducing the average level of lead exposure in this country, it is increasingly apparent that the scope of the childhood lead poisoning problem has been, and continues to be, much greater than was previously realized. The National Health and Nutrition Examination Survey

("NHANES III") has shown that the remaining issues are in the nation's housing stock, particularly in urban areas and communities of color or low income status.

(d) The most significant sources of environmental lead are deteriorated and disturbed lead-based paint in housing, lead-contaminated dust, water and soil. In San Francisco, approximately 75 percent or 260,000 out of some 330,000, housing units have been painted with leaded paint prior to 1978, the highest percentage of housing units in a county in California, and one of the highest number of housing units in an urban city in the entire country. The Board of Supervisors finds that these types of lead hazards are under the control of building owners and landlords who have ultimate authority over and responsibility for the condition of San Francisco's housing stock. The Board intends to require that owners of residential property built prior to 1978 warn tenants of the potential for lead paint hazards.

(e) Other sources of lead in San Francisco contribute to lead poisoning of children, including lead in drinking water, some food cans, some ceramics and dishware, artists' paints, automotive and marine paints, adult occupations and hobbies, old factory sites and auto wrecking yards, soil and reentrained dust along busy roads and highways, and some traditional medicines. In addition, where lead hazards do not exist they are often created by painting and home remodeling. The Board intends to address this last hazard through requirements for signs warning of lead hazards in home improvement stores where painting and remodeling equipment is sold.

(f) The impact on children from lead poisoning is immediate at high levels of exposure. At chronic low-level exposure, epidemiological studies have shown lifelong impact. The causes of childhood lead poisoning are well understood. This terribly debilitating disease is preventable and can be eliminated with concerted community action.

(g) The CDC has recommended that primary prevention efforts (that is, elimination of lead hazards before children are poisoned) receive more emphasis as the blood lead levels

of concern are lowered. The *CDC* ~~*Centers for Disease Control*~~ further determined that the goal of all lead poisoning prevention activities should be to reduce children's blood lead levels below 10 µg/dL. If many children in the community have blood lead levels greater than or equal to 10 µg/dL, community-wide interventions (primary prevention activities) should be considered by appropriate agencies. Medical interventions for individual children should begin at blood lead levels of 15 µg/dL. ("Preventing Lead Poisoning in Young Children," CDC, Oct. 1991.)

(h) San Francisco has begun to implement a comprehensive plan for preventing childhood lead poisoning and reducing exposure to lead. Medical case management currently begins when a child has a blood lead level of 15 µg/dL or greater. Environmental investigation of the child's housing unit begins when blood lead levels are 20 µg/dL or greater, or 15 to 19 µg/dL in consecutive tests three to four months apart. These interventions were provided for in the Comprehensive Lead Poisoning Prevention Program added to the San Francisco Health Code in 1992.

(i) The 1992 ordinance did not provide specific authority for the Department of Public Health to order control or elimination of the lead hazards in dwelling units. The Board of Supervisors was aware that protecting the public health from lead poisoning problems involves complex issues, including technological questions, that required discussion and resolution. To that end, in 1992 the Board appointed, in Section 1608 of the 1992 Ordinance, the Lead Hazard Reduction Citizens Advisory Committee. The Committee was mandated to recommend legislation to the Board on the technical and policy issues needing resolution. The Board of Supervisors concurs with the recommendations submitted by the Citizens Advisory Committee, including the recommendation that the Department of Public Health must have authority to order the removal of lead hazards, and that such authority is a necessary component of a program designed to control lead hazards that would adversely

affect a child with elevated blood levels. It is the intent of the Board of Supervisors that the Director of Public Health have broad discretionary authority to enforce the mandates of this ordinance by ordering the control or elimination of lead hazards. The provisions of this law shall be liberally construed to implement and effectuate its purposes.

(j) The intent of the Board is that lead hazards be controlled or eliminated in a cost-effective manner. The Board of Supervisors finds that the "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing" produced by the Department of Housing and Urban Development, provide a useful guide for the Department of Public Health to use in sampling, testing, and approving the control and elimination of lead hazards. The preface to the "Guidelines" notes that the overall framework is designed to "tailor sensible and effective hazard control programs to fit the financial and environmental conditions of specific properties." The Director of Public Health should, to the extent feasible, utilize these Guidelines and other guidance issued by federal and State agencies, to maintain the high standard of public health protection that is scientifically based and cost-effective.

(k) This legislation is directed primarily at those dwelling units where a lead-poisoned child resides, has resided in the recent past, or spends a considerable amount of time. This ordinance is an integral step toward primary prevention of lead poisoning through remediation of the City's overall housing stock, and the Board intends that the Director of Public Health make diligent efforts to see that building owners and landlords and tenants receive prompt, actual notice of any identified lead hazards. The Board intends that those lead hazards that are within the control of owners or managers of buildings should be considered nuisances and subject to elimination or control whenever a lead-poisoned child is present. The Board expects that future legislation will address these issues for all properties, regardless of the age or health of the occupants. The Lead Hazard Reduction Committee's

mandate includes future legislative proposals for the Board to consider towards the goal of prevention of childhood lead poisoning.

(l) On May 22,2000, the California Department of Health Services issued Childhood Lead Poisoning Prevention Branch (CLPPB) Program Letter #00-06 creating new policy which directed local Childhood Lead Poisoning Prevention (CLPP) Case Management Contractors to modify the case definition eligible for case management services, to include children from birth to 21 years of age. Because CLPP contractors are providing services to children in publicly funded programs (such as EPSDT, a Medicaid service), we must make our eligibility criteria consistent with other federal and state agencies that regulate and fund blood lead testing and case management services. EPSDT services are provided to eligible children from birth to 21 years of age.

(m) Based on scientific evidence, such as the age of concern established by the CDC, the Director of Health is focused on reducing lead hazards to children up to 72 months of age in order to prevent lead poisoning in this vulnerable population. However, due to a contractual agreement with the State Department of Health Services for the City and County of San Francisco to provide case management services to lead-poisoned children, the Director's authority to respond to reports of lead poisoning is extended to children up to 21 years of age.

SEC. 1602. **PURPOSES AND GOALS**.

(a)(1) The purpose of this Article is to protect the public health and welfare by establishing a definition of lead hazards, and requiring control or elimination of lead hazards through administrative orders when the Director of Public Health has found that a child ~~*under six years*~~ *up to 21 years* of age is known to be lead poisoned and may be further exposed.

(2) Overall, this Article mandates the Department to respond to all children found to have elevated blood lead levels in the appropriate manner, consistent with federal and State guidelines.

(b) The goals of this law are:

(1) To respond to individual cases of childhood lead poisoning through the elimination of potential exposure pathways to environmental lead; and

(2) To maintain and increase a stock of lead-safe housing in the City and County of San Francisco by requiring lead hazard control or elimination at those properties where lead-poisoned children may suffer continued exposure.

SEC. 1603. **DEFINITIONS.**

All defined terms used in this Article incorporate the meanings set forth below. In order to identify defined terms, the first letter of each defined term is capitalized.

~~*(a) "Accessible Surface" means any interior or exterior surface that is reachable, mouthable, chewable, or that by contact, constitutes a lead hazard to children.*~~

(*a* ~~*b*~~) "Accredited Laboratory" means a laboratory which operates within the EPA National Lead Laboratory Accreditation Program.

(*b* ~~*c*~~) "Case-Managed Child" means an elevated blood lead child ~~*under six years old*~~ with a venous blood lead level greater than or equal to 15 micrograms per deciliter.

(*c* ~~*d*~~) "Certified *Lead Inspector/Assessor*" means *any Person licensed or certified to perform risk assessment and/or lead-based paint inspection by the California Department of Health Services (DHS), as authorized by the United States Environmental Protection Agency (EPA), in accordance with 40 CFR Part 745, subparts L or Q.* ~~*a process used by the State of California and EPA to identify individuals who have completed training and other requirements to permit the safe execution of risk assessments, inspections and lead hazard reduction and control work.*~~

(*d* ~~*e*~~) "Clean" or "Cleaning" means a lead hazard remediation technique in which a HEPA vacuum, truck-mounted vacuum, wet cleaning agent, and/or other technology that results in compliance with HUD clearance criteria, is used to remove a lead-contaminated dust hazard.

(e) "Child" means a natural individual who is under 21 years of age.

(f) "Clearance Inspection" means visual examination and collection of environmental samples by a~~n~~ *certified lead* inspector~~/ or risk~~ assessor, and analysis by an accredited laboratory, upon completion of lead hazard remediation activities.

(g) "Deteriorated Lead-Based Paint" means any interior or exterior lead-based paint that is peeling, chipping, blistering, flaking, worn, chalking, alligatoring, cracking or otherwise separating from the substrate, or located on any surface or fixture that is damaged.

(h) "Director" means the Director of the San Francisco Department of Public Health or the Director's designee.

(i) "Dust Removal" means a lead hazard remediation technique which involves an initial cleaning of lead-contaminated dust followed by periodic monitoring and recleaning as needed. Dust removal may be the primary remediation technique or one element of a broader effort which reduces lead hazards.

(j) "Dwelling Unit" means all residential dwelling units in the City and County of San Francisco together with the land and appurtenant buildings thereto, and all furnishings and facilities supplied in connection with the use or occupancy thereof, including garage and parking facilities.

(k) "Elevated Blood Lead *Child* ~~*Level*~~" means a child ~~*under six years old*~~, with a venous blood lead level greater than or equal to 10 micrograms per deciliter *(µg/dL)*.

(l) "Encapsulation" means a lead hazard remediation technique which utilizes a covering or coating to act as a barrier between lead-based paint and the environment, and that relies on adhesion and the integrity of the existing paint bonds between layers and with the substrate for its durability (see also "enclosure").

(m) "Enclosure" means a lead hazard remediation technique which utilizes rigid, durable construction materials that are mechanically fastened to the substrate in order to act as a barrier between lead-based paint and the dwelling unit or the environment.

(n) "Exposure Sources" means paint, dust, soil, water, cookware, ceramics, tableware, food sources, parental hobby and occupation materials, home remedies and traditional medicines, cosmetics, and nearby lead industry emissions.

~~*(o) "Friction Surface" means any interior or exterior surface subject to abrasion or friction, such that it is contributing to the deterioration of lead-based paint or generating lead-contaminated dust.*~~

(*o* ~~*p*~~) "HEPA" means a high efficiency particulate air filter.

~~*(q) "Impact Surface" means any interior or exterior surface subject to repeated impacts such that it is contributing to the deterioration of lead-based paint or generating lead-contaminated dust.*~~

~~*(r) "Industrial Hygienist" means a person having a college or university degree in engineering, chemistry, physics, medicine, or related physical or biological science who, by virtue of special training, is qualified to anticipate, recognize, evaluate, and control environmental and occupational health hazards and the impact of those hazards on the community.*~~

(*p* ~~*s*~~) "Landlord" means an owner, lessor, or sublessor who receives or is entitled to receive rent for the use and occupancy of any dwelling unit or portion thereof, any nonresidential building, or any other premises in the City and County of San Francisco, and the agent, representative or successor of any of the foregoing.

(*q* ~~*t*~~) "Landscaping" means the creation of barriers or barrier plantings that limit exposure to lead- contaminated soil.

(*r* ~~*u*~~) "Lead" means metallic lead and all inorganic and organic compounds of lead.

(*s* ~~*v*~~) "Lead-Based Paint" means any paint, varnish, shellac or other coating on surfaces with lead in excess of 1.0 mg/cm^2 as measured by X-ray fluorescence (XRF) detector or laboratory analysis or 0.5 percent by weight (5,000 ppm, 5,000 µg/g, or 5,000 mg/kg) by laboratory analysis.

(*t* ~~*w*~~) "Lead-Contaminated Dust" *or "Dust-Lead Hazard"* means surface dust that contains a~~*n area or*~~ mass *per area* concentration of lead *equal to or exceeding* ~~*in excess of 100*~~ *40* µg/ft^2 on ~~*uncarpeted*~~ floors *and other interior horizontal surfaces*, ~~*500*~~ *250* µg/ft^2 on interior windowsills, and 800 µg/ft^2 on exterior windowsills and *other* exterior horizontal surfaces.

(*u* ~~*x*~~) "Lead-Contaminated Soil" *or "Soil-Lead Hazard"* means ~~*areas*~~ *bare soil* that contain*s* total lead ~~*in excess of*~~ *equal to or exceeding* 400 p*arts* p*er* m*illion (µg/g)* in bare soil, or such lower level as the Director determines to constitute a lead hazard.

(*v* ~~*y*~~) "Lead-Contaminated Water" means tap water that contains lead in excess of 15 *parts per billion (*µg/l*)*.

(*w* ~~*z*~~) "Lead Hazard" means any condition that exposes children to lead from any source, including but not limited to lead-contaminated water, lead-contaminated dust *(Dust-lead hazard)*, lead-contaminated soil *(Soil-lead hazard)*, *and Paint-lead hazard in dwelling units or other locations.*~~*lead-based paint on impact surfaces, friction surfaces, or accessible surfaces, or deteriorated lead-based paint.*~~

(*x* ~~*aa*~~) "Lead Hazard Remediation Technique(s)" means an activity designed to control or eliminate a lead hazard.

(*y* ~~*bb*~~) "Lead-Poisoned Child" means a child ~~*under six years old*~~ with a single venous blood lead level greater than or equal to 20 micrograms per deciliter, or a persistent venous blood lead level between 15 and 19 micrograms per deciliter based on consecutive measurements three to four months apart.

(*z* ~~*cc*~~) "Manager" means the authorized agent or landlord for the owner of a dwelling unit, or any nonresidential building or premises, who is responsible for the day-to-day operation of said dwelling unit, building or premises.

(*aa* ~~*dd*~~) "Owner" means any person, agent, firm or corporation having a legal or equitable interest in a dwelling unit, building, or other premises. For purposes of orders under

Sections 1628 and 1630, the term "owner" shall not include entities such as banks or lending institutions holding equitable interests as security unless the entity is in actual physical control of the premises, or is performing property management activities.

(*bb* ~~*ee*~~) "Paint Film Stabilization" means a lead hazard remediation technique using wet scraping, priming, and repainting a deteriorated lead-based paint film.

(cc) "Paint-Lead Hazard" means any of the following: (1) any lead-based paint on a friction surface that is subject to abrasion and where the lead dust levels on the nearest horizontal surface underneath the friction surface (e.g.: the windowsill or floor) constitute a dust-lead hazard; (2) any damaged or otherwise deteriorated lead-based paint on impact surface that is caused by impact from a related building component, such as a door knob that knocks into a wall or a door that knocks against its door frame; (3) any chewable lead-based painted surface on which there is evidence of teeth marks; and (4) other deteriorated lead-based paint on the interior or exterior of any building.

(*dd* ~~*ff*~~) "Paint Removal" means a lead hazard remediation technique using chemicals, heat guns emitting heat below 1,100 degrees Fahrenheit and certain contained abrasive methods to remove lead-based paint, but does not mean open flame burning, open abrasive blasting, sandblasting, water blasting or extensive dry scraping.

(*ee* ~~*gg*~~) "Periodic Surveillance" means a series of reevaluations, including visual assessment and collection of environmental samples, by a certified *lead inspector/assessor* ~~*industrial hygienist*~~ or other person acceptable to the Director, to determine whether a lead hazard remediation technique previously implemented is still effective, or whether the dwelling unit is still lead-safe.

(*ff* ~~*hh*~~) "Person" means a natural person, his or her heirs, executors, administrators or assigns, and also includes a municipal or State agency, a firm, joint stock company, business concern, association, partnership or corporation, its or their successors or assigns, or the agent of any of the aforesaid.

(*gg* ~~*ii*~~) "Replacement" is a lead hazard remediation technique utilizing removal of building components such as windows, doors, and trim that have lead-based paint surfaces, and installing new components free of lead- based paint.

(*hh* ~~*jj*~~) "Substrate" means a surface upon which paint, varnish, or other coating has been or may be applied. Examples of substrates include wood, plaster, metal, and drywall.

(*ii* ~~*kk*~~) "Tenant" means a person entitled by written or oral agreement, subtenancy or by sufferance, to occupy a residential dwelling unit to the exclusion of others.

SEC. 1604. **AUTHORITY OF THE DIRECTOR.**

(a) The Director is authorized to administer and enforce the provisions of this Article; to conduct a case management program for elevated blood lead level children; to conduct a program for the remediation of lead hazards in residential and nonresidential buildings, indoor or outdoor property or premises, and dwelling units; to order vacation of any dwelling unit; and to enforce the provisions of this Article by any lawful means. The Director's authority to abate nuisances under this Article shall be in addition to authority granted under other law, including Article~~*s 2 and*~~ 11 of ~~*the San Francisco Health*~~ *this* Code, and the Director may combine all such authorities to protect persons from lead hazards and to seek collection or reimbursement of nuisance abatement costs. The Special Revenue Fund created under Section 599*(e)*~~*(h)*~~ of ~~*the San Francisco Health*~~ *this* Code may be used to abate lead hazards in any structure, building or part thereof as provided in Article 11.

(b) Upon showing of proper credentials, persons authorized by the Director, when necessary for the performance of their duties, shall have the right to enter any building, premises or dwelling unit specified in Section 1626 of this Article and perform sampling, testing or periodic surveillance of potential lead hazards. The Director shall seek the consent of the owner or current occupant before entry.

(c) The Director may promulgate such regulations as may be necessary from time to time to carry out the provisions of this Article. The definitions for lead-contaminated dust, water and soil, and the definition of lead-based paint expressed in Section 1603 may be amended by such regulations in light of scientific evidence or guidance from federal or State agencies, without further action by the Board of Supervisors.

(d) Prior to adoption of any rule or regulation under this Article, the Director shall provide a 30-day public comment period by providing published notice in an official newspaper of general circulation in the City and County of San Francisco of the intent to issue or amend the rule or regulation. Rules and regulations shall be approved by the Health Commission at a public hearing. In addition to the notices required by law, the Secretary of the Health Commission shall send written notice, at least 15 days prior to the hearing, to any interested party who sends a written request to the Health Commission for notice of hearings on lead regulation. Regulations promulgated by the Director and approved by the Health Commission shall be maintained in the Office of the Clerk of the Board of Supervisors.

SEC. 1617. **CASE MANAGEMENT.**

(a) The Director shall develop a case management program so that all elevated blood lead level children receive appropriate services. At a minimum, the services provided by the Director shall include:

(1) For levels 10 to 14 μg/dL: A letter and lead information packet shall be sent to the parent (which encourages retest in three months and gives simple recommendations).

(2) For levels 15 to 19 μg/dL: A Public Health Nurse (PHN) referral shall be made. The PHN shall make a home visit to provide extensive teaching.

(3) For levels 20 μg/dL and above, and levels from 15 to 19 μg/dL in consecutive measurements three to four months apart (a lead-poisoned child): In addition the assigned PHN duties, ~~*an industrial hygienist or environmental health inspector*~~ *a certified*

lead inspector/assessor shall perform an environmental investigation and issue a report of lead hazard findings. The building owner and the Department of Building Inspection shall also receive notice of lead hazard findings which are in the building owner's control.

(b) The Director shall have the authority to establish deadlines and priorities regarding the provision of such services as described in Section 1617(a) to all children with elevated blood lead levels.

SEC. 1626. **INVESTIGATION AND TESTING.**

(a) Whenever the Director determines that a lead- poisoned child resides in the City and County of San Francisco, the Director may inspect:

(1) The dwelling unit in which the affected child currently resides, and;

(2) Any dwelling unit in which the affected child resided or received family day care during the six- month period prior to the Director's initial determination.

~~*(3) In the case of children six years old or more, who have the equivalent blood lead levels of a lead- poisoned child, if the Director can demonstrate that current leadhazards exist in the dwelling unit, and that this child is still ingesting lead in the dwelling unit, the Director may implement Subsection (a)(1) above.*~~

(b) Whenever the Director determines that a lead-poisoned child spends a substantial amount of time at any location other than a dwelling unit, and that such building or premises may cause or contribute to the child's elevated blood lead level, the Director may inspect that building or premises to the extent allowed by law. The Director shall notify the owner or manager of such location of any discovered lead hazards and shall notify the users or occupants by posting a notice of his/her findings at the premises.

(c) Every inspection shall include sampling for the presence of environmental lead as deemed necessary and appropriate by the Director, provided that, the Director shall use

the most current guidance from the United States Department of Housing and Urban Development and the United States Environmental Protection Agency to determine appropriate sampling and testing methods. All bulk samples gathered during an inspection shall be tested by an accredited laboratory.

(d) The Director shall provide the results of any sampling to the parent or guardian of the affected child and to the owner of the dwelling unit, if different than such parent or guardian, and to the owner or manager of any nonresidential premises inspected under this Article, along with the Director's requirements for control or elimination of lead hazards. The Director shall also provide sample results to the Director of the Department of Building Inspection.

(e) If the results of an inspection under Subsection (a) indicate lead hazards, the Director shall notify all residential occupants of the building of the test results.

APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

By: _____
WILLIAM CHAN
Deputy City Attorney