

Childhood Lead Poisoning  
Prevention  
Authorization Procedures

Original Set

(Please make all copies and discard all  
previous forms)

Authorization Procedures Revised  
February 24, 2024

# Childhood Lead Poisoning Prevention Authorization Procedures

Environmental Health Section, Environmental Health Services Branch

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## PRELIMINARY ACTIVITIES

Initial/Date Completed

- \_\_\_\_\_ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS and the State of Practice (SOP) workshop *Lead Investigation and Remediation*. (Successful completion of the SOP workshop includes completion within the past 3 years of the application and making a passing score on the exam.)
- \_\_\_\_\_ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- \_\_\_\_\_ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the intern's department the regional specialist may find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- \_\_\_\_\_ 4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- \_\_\_\_\_ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment. A recommended equipment list can be found in the *Lead Investigation and Remediation Manual*.
- \_\_\_\_\_ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
  - laws, rules, policies, and forms
  - lead hazard investigation

## SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed

1. When the supervisor has determined that the applicant has completed the PRELIMINARY ACTIVITIES, the applicant shall provide the following to the Environmental Health Section:
  - A. A properly completed *Childhood Lead Poisoning Prevention Authorization Procedures Document* **AND**
  - B. An Application for Authorization.

Send via email to: [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov)  
ENVIRONMENTAL HEALTH SECTION  
CENTRALIZED INTERN TRAINING AND AUTHORIZATION PROGRAM

2. The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from the receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.
3. If the required number of lead hazard investigation opportunities does not exist in the applicant's county, the regional specialist shall find an alternate location for these inspections. The health directors of all affected health departments shall be involved in the negotiations concerning the training times and locations.

## EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall determine that the applicant has successfully completed the *Lead Investigation and Remediation* workshop within the past 3 years of the application and made a score of at least 70% on the exam.
2. The applicant will be expected to successfully complete all steps of a lead case which includes an investigation, report writing, notification, remediation plan review and clearance. Applicant should also be able to demonstrate basic knowledge of the NCLEAD surveillance system and workflows.
3. Evaluation activities will begin with an informal review of laws, rules, policies and procedures of the Childhood Lead Poisoning Prevention Program. When the regional specialist determines that the applicant has a thorough understanding of the laws and rules, field authorization activities will be conducted.
4. Field authorization activities will consist of the following:
  - (A) Lead Investigation (one of the following)
    1. Lead poisoning hazard investigation with a confirmed elevated blood lead level of 10.00  $\mu\text{g/dL}$  or greater.
    2. Lead poisoning hazard investigation with an elevated blood lead level of 5.00 – 9.99  $\mu\text{g/dL}$ .
    3. Lead poisoning hazard investigation (types 1 or 2) in a county other than the applicant's county of employment.
    4. If lead investigations (types 1 or 2) are not available, the regional specialist has the discretion to conduct a lead poisoning hazard investigation of an existing or proposed school or day care facility.
  - (B.) Clearance Inspection to include environmental sampling

If an annual monitoring inspection is conducted in lieu of a clearance inspection, the regional specialist will evaluate the applicant on the requirements of the clearance inspection protocol and procedures. Applicant must demonstrate the ability to interpret laboratory analysis and write the applicable notice(s).
4. The regional specialist shall determine if the field authorization activity is representative of an actual investigation and if the applicant's knowledge, skills and ability are effective in conducting the investigation. If deficiencies are noted, additional field activity shall be required.
5. Upon completion of the lead investigation, the applicant shall prepare the environmental lead investigation report and the lead hazard notifications. When activity item 4(A)(4) is used, or when no lead hazards are found when conducting activities 4(A) (1-3), the applicant shall prepare a mock report and notification from information provided by the regional specialists. The regional specialist shall evaluate all reports and notifications.
6. Lead hazard remediation from structures is not required to be completed during the authorization process. However, the applicant must review and evaluate an actual or mock remediation plan and prepare proper notices to be evaluated by the regional specialist.
7. Once all steps of a lead case have been successfully completed by the applicant, a conference will be held with the applicant for a final evaluation. During this final evaluation, the regional specialist will determine if the applicant has a thorough understanding of the laws and rules, field activity protocols and possess the required skills needed for the recommendation for authorization.
8. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

## **DELEGATION OF AUTHORITY**

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization.
2. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

## **CHANGE OF EMPLOYMENT**

1. If the applicant becomes employed in another local health department, the individual must apply authorization for the employee to enforce laws and rules. The following steps must be completed.
  - See PRELIMINARY ACTIVITIES, Step 2 and Step 4;
  - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1
2. When an authorized agent moves from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending specified lead workshops.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
**APPLICATION FOR DELEGATION OF AUTHORITY**

New       Transfer      REHS NUMBER \_\_\_\_\_

**\*PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS\***

DATE OF EMPLOYMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

CURRENT COUNTY OF EMPLOYMENT: \_\_\_\_\_

CURRENT COUNTY ADDRESS: \_\_\_\_\_

HEALTH DIRECTOR NAME & EMAIL: \_\_\_\_\_

SUPERVISOR NAME & EMAIL: \_\_\_\_\_

PREVIOUS COUNTY OF EMPLOYMENT: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

CIT TRAINING: LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

PREVIOUS AUTHORIZATION:

( ) CCSS                      ( ) FLI; Migrant Housing                      ( ) POOLS                      ( ) WELLS  
( ) CLPP                      ( ) OSWP; Migrant Housing                      ( ) TATTOO

TYPE OF AUTHORIZATION REQUESTED:

( ) CCSS                      ( ) FLI; Migrant Housing                      ( ) POOLS                      ( ) WELLS  
( ) CLPP                      ( ) OSWP; Migrant Housing                      ( ) TATTOO

**STATEMENT OF APPLICANT**

I hereby request that I be authorized to enforce state laws and rules.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**STATEMENT OF SUPERVISOR**

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**INSTRUCTIONS:**

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.

Distribution: 1. Original to: [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov) - CIT and Authorizations  
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.