

Renovation Recordkeeping Checklist

Name of Firm: _____

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

Name(s) of Trained Worker(s), if used: _____

Name of Dust Sampling Technician,
Inspector, or Risk Assessor, if used: _____

___ Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file.

___ Certified renovator provided training to workers on (check all that apply):

- | | |
|-----------------------------|---|
| ___ Posting warning signs | ___ Setting up plastic containment barriers |
| ___ Maintaining containment | ___ Avoiding spread of dust to adjacent areas |
| ___ Waste handling | ___ Post-renovation cleaning |

___ Test kits used by certified renovator to determine whether lead was present on components affected by renovation (identify kits used and describe sampling locations and results):

___ Warning signs posted at entrance to work area.

___ Work area contained to prevent spread of dust and debris

- ___ All objects in the work area removed or covered (interiors)
- ___ HVAC ducts in the work area closed and covered (interiors)
- ___ Windows in the work area closed (interiors)
- ___ Windows in and within 20 feet of the work area closed (exteriors)
- ___ Doors in the work area closed and sealed (interiors)
- ___ Doors in and within 20 feet of the work area closed and sealed (exteriors)
- ___ Doors that must be used in the work area covered to allow passage but prevent spread of dust
- ___ Floors in the work area covered with taped-down plastic (interiors)
- ___ Ground covered by plastic extending 10 feet from work area—plastic anchored to building and weighed down by heavy objects (exteriors)
- ___ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)

___ Waste contained on-site and while being transported off-site.

___ Work site properly cleaned after renovation

- ___ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal
- ___ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)

___ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used): _____

___ If dust clearance testing was performed instead, attach a copy of report

___ I certify under penalty of law that the above information is true and complete.

Name and title

Date

I have received a copy of this form for my personal records of this project.

Client Signature

Print Name

Date