



Main Office: 1 Arcadia Street Dorchester, MA 02122

Toll Free: 800-349-7779

www.asapenvironmental.com

LETTER OF FULL DELEADING COMPLIANCE

John Doe
100 Main St
Anytown, MA 02122

Dear John Doe

This letter is to certify that on 12 / 28 / 17 I re-inspected your property located at 100 Main St, Unit none, and relevant interior and exterior common areas, in the City/Town of Anytown, MA 02122. On that date, those surfaces cited in the initial inspection report by Christopher Maracic, License # 2006 conducted on 12 / 01 / 17 as being in violation of Massachusetts General Laws, Chapter 111, Section 197, and 105 CMR 460.000: Regulations for Lead Poisoning Prevention and Control, were determined to be in current compliance with those same laws. Dust samples were taken and found to be within acceptable limits.

Massachusetts law does not require the abatement or containment of all residential lead paint. **The residential premises or dwelling unit and relevant common areas shall remain in compliance with the requirements of the Lead Laws referenced above only as long as there continues to be no peeling, chipping or flaking lead paint or other accessible leaded materials, as long as coverings and/or encapsulants forming an effective barrier over such paint or other leaded materials remain in place, and as long as surfaces reversed to correct lead hazards remain reversed and securely in place.** The law grants you a 30-day maintenance period to repair deteriorated lead paint or detached coverings over such paint, and to clean up, during which time this Letter remains valid.

The second page or reverse side of this letter identifies the authorized person(s) who performed deleading on the property and a general summary of the methods used to achieve compliance with the Lead Laws. A complete Reinspection Report is attached to this letter, which specifies how and on what date each surface was brought into compliance.

To the best of my knowledge, the cost of the legally required deleading is \$ 3,000.00.

The CLPPP authorized serial number for this Letter of Full Deleading Compliance is 43852006122817-100.

This number is tracked and unique to this address and unit.

DO NOT LOSE THESE DOCUMENTS. If the documents are lost, you will be required to have additional private inspector services that may cost you significant amounts of money. This Letter of Full Deleading Compliance is only for the address and unit noted above. If you change the street address, unit number or any other identifying information pertaining to the residential premises referred to in this Letter of Full Deleading Compliance, this Compliance Letter may be considered null and void by the Department of Public Health and/or a municipal health office.

Do not alter this document in any way. Altering this document is fraudulent and may endanger the health and safety of a child which may result in significant legal consequences. In addition to any potential civil liability which may arise as the result of the alteration of this Letter of Compliance, the Massachusetts Department of Public Health's Childhood Lead Poisoning Prevention program may seek criminal prosecution of any person who alters this document after it is originally issued.

Sincerely,

Christopher Maracic

Inspector (print name)

2006

License #

A handwritten signature in black ink that reads "Christopher Maracic".

Signature

12 / 28 / 17

Date

Questions? Call the Department of Public Health at 1-800-532-9571.
DO NOT LOSE THESE DOCUMENTS

Serial Number: **43852006122817-100**Address: **100 Main St**Unit#: **none**City/Town: **Anytown, MA 02122****Deleading History**Deleading Contractor **Licensed Deleader**License#: ☒ DC **01234** Exp. Date **12 / 01 / 18**☐ DS _____

Deleading Methods: ☒ Scraping ☒ Making Intact (Exterior) ☐ Power Sanding ☐ Caustics
☐ Heat Gun ☒ Making Intact (interior) ☐ Removal ☐ Liquid Encapsulation
☐ Demolition ☒ Replacement ☒ Covering
☒ Other **Capped**

Work was done in the following rooms: **Room 1, 2, 3, 4, Hallway, Pantry, Bathroom, Staircase, Basement/Laundry, Porch, & Exterior.**Work was done on the following types of components: **Refer to report.**Start Date: **12 / 06 / 17**Finish Date: **12 / 28 / 17**Cost: \$ **3,000.00**

RRP w/additional Moderate Risk Training _____

Authorization # **MR-**

Expiration Date: ____ / ____ / ____

Authorization # ☐ OM ☐ AM

Issuance Date: ____ / ____ / ____

Moderate Risk Deleader (owner/agent) _____

Deleading Methods: ☐ Replacement ☐ Making Intact (Interior) ☐ Liquid Encapsulation
☐ Covering ☐ Making Intact (Exterior)
☐ Removal ☐ Other _____

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: ____ / ____ / ____

Finish Date: ____ / ____ / ____

Cost: \$ _____

Low Risk Deleader (owner/agent) _____

Authorization # ☐ OL ☐ ALIssuance Date: ____ / ____ / ____ ☐ OE ☐ AE☐ OB ☐ AB

Deleading Methods: ☐ Covering ☐ Liquid Encapsulation
☐ Replacement (ONLY doors, cabinet doors, shutters, shelves not affixed, drawers, windows on hinges)

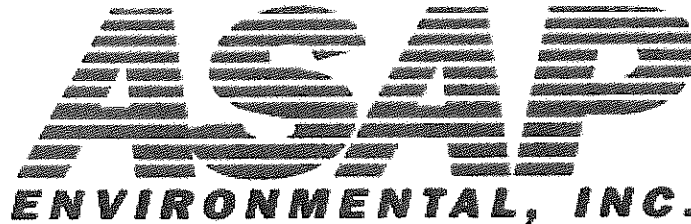
Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: ____ / ____ / ____

Finish Date: ____ / ____ / ____

Cost: \$ _____



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LETTER OF LEAD PAINT (RE)OCCUPANCY (RE)INSPECTION CERTIFICATION
THIS NOTICE DOES NOT CONSTITUTE COMPLIANCE

John Doe
100 Main St
Anytown, MA 02122

Dear John Doe

This letter is to serve as notification that a (Re)Occupancy Reinspection was performed at 100 Main St, Unit none in the City/Town of Anytown, MA 02122 by Christopher Maracic, License# 2006 on 12/ 12 / 17. At that time, all applicable interior dwelling unit surfaces met the conditions for (re)occupancy set in 105 CMR 460.760(A) of the Regulations for Lead Poisoning Prevention and Control. This notice does not constitute full deleading or interim control compliance.

This letter does not mean there are no lead hazards inside the dwelling unit.

Prior to the (re)occupancy reinspection, all interior high- and moderate-risk deleading work was completed and no additional such work will be permitted following the completion of the cleanup required by 105 CMR 460.160(D). No other interior dwelling unit deleading other than certain low-risk deleading activities, such as encapsulation performed in accordance with 105 CMR 460.175 may occur unless the conditions of 105 CMR 460.160(A) through (E) are repeated.

This is **ONLY** notification that the conditions for (re)occupancy have been met. Dust samples were taken and found to be within acceptable limits. No Letter of Full Compliance or Letter of Interim Control will be issued until all applicable interior and common area surfaces have been deleaded or brought under interim control in accordance with 105 CMR 460.000 and 454 CMR 22.00.

The **second page** of this letter indicates the authorized person(s) who performed deleading on the property and a general summary of the methods used to bring the surfaces into compliance.

The CLPPP authorized serial number for this Letter of Lead Paint Reoccupancy Reinspection Certification is 43852006121317-100. This number is tracked and unique to this address and unit.

DO NOT LOSE THESE DOCUMENTS. If the documents are lost, you will be required to have additional private inspector services that may cost you significant amounts of money. This Letter of Lead Paint Reoccupancy Reinspection Certification is only for the address and unit noted above. If you change the street address, unit number or any other identifying information pertaining to the residential premises referred to in this Letter of Lead Paint Reoccupancy Reinspection Certification, this Certification Letter may be considered null and void by the Department of Public Health and/or a municipal health office.

Do not alter this document in any way. Altering this document is fraudulent and may endanger the health and safety of a child which may result in significant legal consequences. In addition to any potential civil liability which may arise as the result of the alteration of this Letter of Lead Paint Reoccupancy Reinspection Certification, the Massachusetts Department of Public Health's Childhood Lead Poisoning Prevention program may seek criminal prosecution of any person who alters this document after it is originally issued.

Sincerely,

Christopher Maracic

Inspector (Print Name)

2006

License #

A handwritten signature in cursive script that reads "Christopher Maracic".

Signature

12/ 13 / 17

Date

Questions? Call the Department of Public Health at 1-800-532-9571.
DO NOT LOSE THESE DOCUMENTS

Serial Number: **43852006121317-100**

Address: **100 Main St**

Unit#: **none**

City/Town: **Anytown, MA 02122**

Deleading History

Deleading Contractor **Licensed Deleader**

License#: ☒ DC **01234**

Exp. Date **12 / 01 / 18**

☐ DS

Deleading Methods: ☒ Scraping ☐ Making Intact (Exterior) ☐ Power Sanding ☐ Caustics
☐ Heat Gun ☒ Making Intact (Interior) ☐ Removal ☐ Liquid Encapsulation
☐ Demolition ☒ Replacement ☒ Covering
☒ Other **Capped**

Work was done in the following rooms: **Room 1, 2, 3, 4, Hallway, Pantry, Bathroom.**

Work was done on the following types of components: **Door edge/jamb, closet door/walls/ceiling/door edge/baseboard/shelf, win sill.**

Start Date: **12 / 06 / 17**

Finish Date: **12 / 12 / 17**

Cost: **\$ 1000**

RRP w/additional Moderate Risk Training

Authorization # **MR-**

Expiration Date: **/ /**

Authorization # **-** ☐ OM ☐ AM

Moderate Risk Deleader (owner/agent)

Issuance Date: **/ /**

Deleading Methods: ☐ Replacement ☐ Making Intact (Interior) ☐ Liquid Encapsulation
☐ Covering ☐ Making Intact (Exterior)
☐ Removal ☐ Other

Work was done in the following rooms:

Work was done on the following types of components:

Start Date: **/ /**

Finish Date: **/ /**

Cost: **\$**

Low Risk Deleader (owner/agent)

Authorization #

☐ OL ☐ AL

Issuance Date: **/ /**

☐ OE ☐ AE

☐ OB ☐ AB

Deleading Methods: ☐ Covering ☐ Liquid Encapsulation
☐ Replacement (ONLY doors, cabinet doors, shutters, shelves not affixed, drawers, windows on hinges)

Work was done in the following rooms:

Work was done on the following types of components:

Start Date: **/ /**

Finish Date: **/ /**

Cost: **\$**



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Lead Inspection / Risk Assessment

St.# 100 Street Name MAIN Street Type ST Unit -----
 City ANYTOWN Zip Code 02122

Owner Name: John DoeOwner Address: 100 Main St Anytown MA 02122

Contact Information: _____

Client Name (if different from owner): _____

Client Address: _____

Key	Lead Column
COV	Covered
DC	Drop Ceiling
MET	Metal
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
VB	Vinyl Baseboard
VR	Vinyl Rep. Window

Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	REM	Removed
DIP	Dipped	REP	Replaced
ENC	Encapsulated	SCR	Scraped
INT	Intact	SFR	Storm Frame Removed
MI	Made Intact	SLD	Sealed
PRE	Prepared for Enc.	STP	Stripped
	Component Does Not Exist	VR/MR	Vinyl/Metal Rep Window

Number of Rooms in Unit: 7

Property Type:

☐ Single Family

☒ Multi Family # of Units: 3

☐ Condominium # of Units: _____

☐ Day Care ☐ Other: _____

Laundry in Basement? ☒ Yes ☐ No

Finished Space in Basement? ☐ Yes ☒ No

Possible Pb Water Service Line

☐ Yes ☐ No ☒ Not Tested

Testing Method Used

Na₂S Expiration Date: ____/____/____

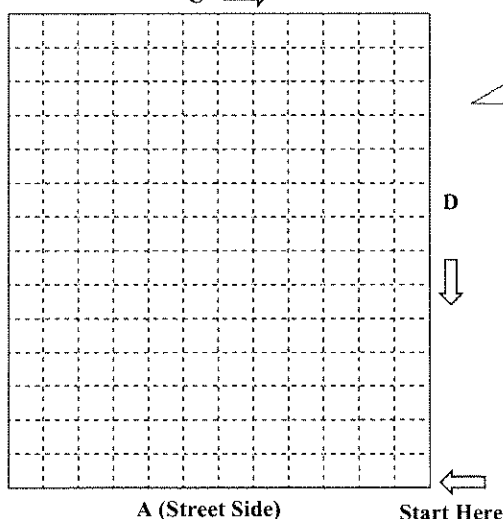
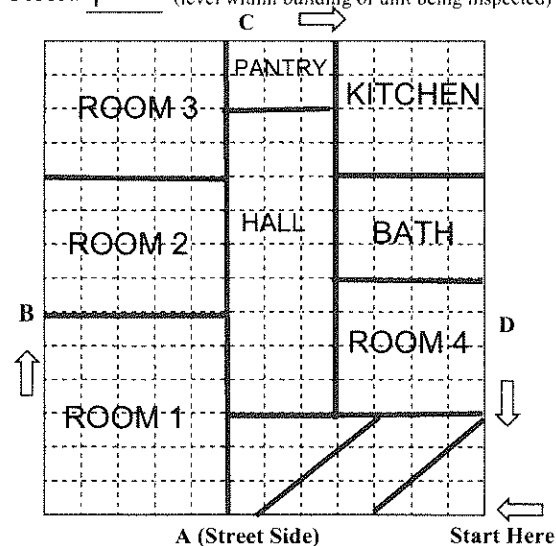
X-Ray Fluorescence

Model: Pb200i Serial # 1126

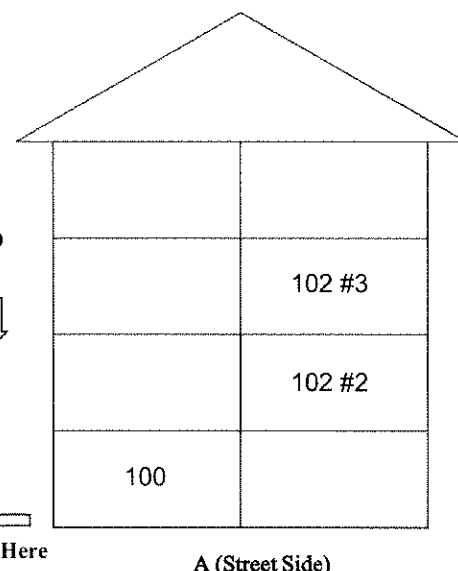
☐ Demarcation Lines

☐ Submitted for Compliance Evaluation

Comments / Notes: _____

Floor# 1 (level within building of unit being inspected) Floor# _____

Property Diagram / Unit Labels

Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is **Dangerous.**

XRF Calibration Recorded in Log Book

Address Verified through USPS

Research on Lead Related History for Address

www.state.ma.us/dph/clppp or 800-532-9571

☒ - Check off when complete

☒ - Check off when complete

☒ - Check off when complete

Christopher Maracic

2006

Inspector's Name (print)

License #

Signature

12 / 01 / 17

Date

LI/RA - revised 06/17

INSPECTION HISTORY

Determination	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Comprehensive Initial Inspection	<input checked="" type="radio"/> Y	Inspector Name: C MARACIC , Lic# 2006
1 2 0 1 1 7	<input type="radio"/> N	Signature <i>Christopher Maracic</i>
Lead Hazards?		

Comp Initial w/Partial PCAD	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Addendum (add-on to Initial Inspection)	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Addendum as Full Inspection	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Walk Through for Ed/Consultation		Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Signature _____

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection	<input checked="" type="radio"/> P	Inspector Name: C MARACIC , Lic# 2006
1 2 1 2 1 7	<input type="radio"/> F	Signature <i>Christopher Maracic</i>

Visual Portion of Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Reocc. Reinspection	<input checked="" type="radio"/> P	Inspector Name: C MARACIC , Lic# 2006
1 2 1 2 1 7	<input type="radio"/> F	Signature <i>Christopher Maracic</i>

Dust Taken for Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Final Reinspection	<input checked="" type="radio"/> P	Inspector Name: C MARACIC , Lic# 2006
1 2 2 8 1 7	<input type="radio"/> F	Signature <i>Christopher Maracic</i>

Visual Portion of Final Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

INTERIM CONTROL

Visual Risk Assessment	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Dust Taken for Risk Assessment	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Visual Portion of Reinspection for Interim Control	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Reinspection for Interim Control	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Risk Assessment Recertification	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Dust Taken for RA Recertification	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Full Inspection Acting as PCAD	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Visual Portion of PCAD Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for PCAD Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for PCAD Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

REOCCUPANCY CERTIFICATE HISTORY

Certificate of Reoccupancy					
1	2	1	2	1	7
Only after High/Mod Risk (# rooms rule)					

Inspector Name: **C MARACIC**, Lic# **2006**

Signature *Christopher Maracic*

Certificate of Reoccupancy					
Only after High/Mod Risk (# rooms rule)					

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy					
Only after High/Mod Risk (# rooms rule)					

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance					
No prior history/ No signs of UD					

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control					
No prior Comp. Expires in 1 yr.					

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control					
Expires 2 yrs from original Interim Control					

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance					
1	2	2	8	1	7
Dust wipes if No Reocc.					

Inspector Name: **C MARACIC**, Lic# **2006**

Signature *Christopher Maracic*

Certificate of Maintained Compliance					
No Work = No Dust Work = 7 Dust					

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance					
Dust wipes and auth. people					

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY (CONT.)

Certificate of Maintained Compliance					
No Work = No Dust Work = 7 Dust					

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance					
Dust wipes and auth. people					

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance					
No Work = No Dust Work = 7 Dust					

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance					
Dust wipes and auth. people					

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver					
Attach to Comp Docs					

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver					
Attach to Comp Docs					

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Visual Reinspection					
No LOC Issued					

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken					
No LOC Issued					

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken					
No LOC Issued					

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Final Reinspection					
No LOC Issued					

P
F

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The “A” side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the “A” side move clockwise to the “B” side on your left, the “C” side opposite you, and the “D” side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, “Baseboard” may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the “Lead” column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A “pos” or “neg” shows that the surface was tested with sodium sulfide. “Pos” means that there is a dangerous level of lead. • “N/A” means that the inspector was not able to test the surface. The inspector must assume the surface contains lead and require it to be delead. Speak to the inspector about possible alternative testing options. • “MET” or “MR” means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be delead if they test equal to or greater than 1.0 mg/cm², or are marked “MET” or “N/A”. All other metal surfaces must be intact. • For key to abbreviations like “COV”, “VB”, “VR” or “MR”, “NC”, “Tile”, “DC”, see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • “M/I” circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety. • “SF” circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. • “A/M” circled means that the surface is “accessible mouthable” and must be delead to a minimum of five feet high, four inches in from the edge or corner. • “F” circled means that the surface is a “friction” surface and must be delead at all points of potential friction. • “L” circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • “N/A” means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is completed during a risk assessment, which is an evaluation of a home’s suitability for Interim Control. Only a licensed risk assessor can do a risk assessment. If “Y” is circled, then this surface is considered an “Urgent Lead Hazard” and deleading is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report’s cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. “N/A” means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.
RULED OUT BOX	Encapsulants only work well if the paint is in good condition. If the inspector sees that there are adhesion problems with eligible surfaces in a room, he/she will rule out encapsulation as a deleading method.

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

ROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	9.9	L N/A	Y			12/12	Int
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B	Door	9.9	L N/A	Y			12/12	Int
C D	Door Edge	9.9 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	9.9	L N/A	Y			12/12	Int
3 4	Door Jamb	9.9 (F)	L N/A	Y			12/12	SCR
	Threshold	/	L N/A	Y				
A B	Door	9.9	L N/A	Y			12/12	Int
C D	Door Edge	9.9 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	9.9	L N/A	Y			12/12	Int
3 4	Door Jamb	9.9 F	L N/A	Y			12/12	SCR
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	9.9	M/I (A/M) L N/A	Y			12/12	SCR
B	Win Apron	9.9	L N/A	Y			12/12	Int
C	Win Casing	9.9	L N/A	Y			12/12	Int
D	Header Stop	9.9	M/I L N/A	Y			12/12	Int
	Int Stops	9.9	M/I L N/A	Y			12/12	Int
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	VR	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	9.9	M/I (A/M) L N/A	Y			12/12	SCR
B	Win Apron	9.9	L N/A	Y			12/12	Int
C	Win Casing	9.9	L N/A	Y			12/12	Int
D	Header Stop	9.9	M/I L N/A	Y			12/12	Int
	Int Stops	9.9	M/I L N/A	Y			12/12	Int
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	VR	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	9.9	M/I (A/M) L N/A	Y			12/12	SCR
B	Win Apron	9.9	L N/A	Y			12/12	Int
C	Win Casing	9.9	L N/A	Y			12/12	Int
D	Header Stop	9.9	M/I L N/A	Y			12/12	Int
	Int Stops	9.9	M/I L N/A	Y			12/12	Int
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	VR	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	0.0	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

ROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	0.1	L N/A	Y				
B	CI Door Edge	0.0	F L N/A	Y				
C	CI Casing	0.1	L N/A	Y				
D	Closet Jamb	0.1	F L N/A	Y				
	Closet Walls	1.6	L N/A	Y		12/12	M1	
	CI Baseboard	0.2	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	0.0	L N/A	Y				
3	CI Supports	0.1	L N/A	Y				
4	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y			12/12	M1

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	1/2	M/I L N/A	Y				
2	Exterior Sill	1/2	M/I SF L N/A	Y				
3	Part Bead	1/2	M/I L N/A	Y				
4	Blind Stop	1/2	M/I SF L N/A	Y				
	Win Ext Sash	1/2	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	1/2	M/I L N/A	Y				
2	Exterior Sill	1/2	M/I SF L N/A	Y				
3	Part Bead	1/2	M/I L N/A	Y				
4	Blind Stop	1/2	M/I SF L N/A	Y				
	Win Ext Sash	1/2	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	0.2	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.4	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.0	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.2	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	1.4	L N/A	Y			12/12	INT
A	Cl Door Edge	1.2	(F) L N/A	Y			12/12	Rep
B	Cl Casing	1.2	L N/A	Y				
C	Closet Jamb	0.0	F L N/A	Y				
D	Closet Walls	2.3	(L) N/A	Y			12/12	M1
	Cl Baseboard	4.0	(L) N/A	Y			12/12	CAP
1	Closet Pole	0.0	L N/A	Y				
2	Closet Shelf	3.1	(L) N/A	Y			12/12	M1
3	Cl Supports	2.6	L N/A	Y			12/12	INT
4	Closet Floor	4.1	L <input type="checkbox"/> (dust) N/A	Y			12/12	INT
	Closet Ceiling	0.1	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.4	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	0.2	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

HALLWAY: Interior # _____ or Common Hallway: Front Rear Floor # _____

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	2.6	L N/A	Y			12/12	Int
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	3.4	L N/A	Y			12/12	Int
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.0	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A B	Door	1.3	L N/A	Y			12/12	Int
C D	Door Edge	1.6 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	1.6	L N/A	Y			12/12	Int
3 4	Door Jamb	1.5 (F)	L N/A	Y			12/12	SCR
	Threshold	0.0	L N/A	Y				
A B	Door	1.4	L N/A	Y			12/12	Int
C D	Door Edge	1.4 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	1.4	L N/A	Y			12/12	Int
3 4	Door Jamb	1.2 (F)	L N/A	Y			12/12	SCR
	Threshold	/	L N/A	Y				
A B	Door	1.2	L N/A	Y			12/12	Int
C D	Door Edge	1.2 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	1.2	L N/A	Y			12/12	Int
3 4	Door Jamb	1.0 (F)	L N/A	Y			12/12	SCR
	Threshold	/	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	2.2 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	2.2	L N/A	Y			12/12	Int
3 4	Door Jamb	1.5 (F)	L N/A	Y			12/12	SCR
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

PANTRY

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	3.1	L N/A	Y			12/12	1n+
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.0	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	3.0	L N/A	Y			12/12	1n+
A B	Door	3.2	L N/A	Y			12/12	M1
C D	Door Edge	3.0	L N/A	Y			12/12	SCR
1 2	Door Casing	3.0	L N/A	Y			12/12	1n+
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A B	Up Cab Frame	/	L N/A	Y				
C D	Up Cab Door	/	L N/A	Y				
	Up Cab Walls	/	L N/A	Y				
1 2	Up Cab Shlvs	/	L N/A	Y				
3 4	Supports	/	L N/A	Y				
	Low Cab Fram	/	L N/A	Y				
A B	Low Cab Door	/	L N/A	Y				
C D	Low Cab Walls	/	L N/A	Y				
	Low Cab Shlvs	/	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	/	L N/A	Y				
	Low Cab Fram	/	L N/A	Y				
A B	Low Cab Door	/	L N/A	Y				
C D	Low Cab Walls	/	L N/A	Y				
	Low Cab Shlvs	/	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	/	L N/A	Y				
	Low Cab Fram	/	L N/A	Y				
A B	Low Cab Door	/	L N/A	Y				
C D	Low Cab Walls	/	L N/A	Y				
	Low Cab Shlvs	/	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	/	L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	✓	M/I L N/A	Y				
2	Exterior Sill	✓	M/I SF L N/A	Y				
3	Part Bead	✓	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	✓	M/I L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	9.9	L N/A	Y			12/12	Int
A B C D	Low Walls	0.1	L N/A	Y				
A B C D	Baseboards	√B	L N/A	Y				
A B C D	Chair Rail	0.0	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.3	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.3	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	√R	M/I L N/A	Y				
2	Exterior Sill	√R	M/I SF L N/A	Y				
3	Part Bead	√R	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	√R	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	√R	M/I L N/A	Y				
2	Exterior Sill	√R	M/I SF L N/A	Y				
3	Part Bead	√R	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	√R	M/I L N/A	Y				
A B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.1	L N/A	Y				
	Up Cab Walls	0.2	L N/A	Y				
1 2	Up Cab Shlvs	0.0	L N/A	Y				
3 4	Supports	0.0	L N/A	Y				
	Low Cab Fram	0.1	L N/A	Y				
A B	Low Cab Door	0.4	L N/A	Y				
C D	Low Cab Walls	0.0	L N/A	Y				
	Low Cab Shlvs	0.1	L N/A	Y				
1 2	Supports	0.0	L N/A	Y				
3 4	Drawers	0.2	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christopher Maracic

I/R-2006

Christopher Maracic

12 / 01 / 17

Page 11 of 22

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

BATHROOM #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	0.6	L N/A	Y				
A B C D	Baseboards	✓ B	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.0	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B C D	Door	0.4	L N/A	Y				
C D	Door Edge	3.1 (F)	L N/A	Y			12/12	SCR
1 2	Door Casing	3.1	L N/A	Y			12/12	Int
3 4	Door Jamb	2.6 (F) (L)	L N/A	Y			12/12	SCR
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Cab Frame	0.1	L N/A	Y				
C D	Up Cab Door	0.0	L N/A	Y				
	Up Cab Walls	0.2	L N/A	Y				
1 2	Up Cab Shlvs	0.0	L N/A	Y				
3 4	Supports	0.1	L N/A	Y				
	Low Cab Fram	0.1	L N/A	Y				
A B	Low Cab Door	0.0	L N/A	Y				
C D	Low Cab Walls	0.0	L N/A	Y				
	Low Cab Shlvs	0.2	L N/A	Y				
1 2	Supports	0.1	L N/A	Y				
3 4	Drawers	0.1	L N/A	Y				
A	Window Sill	3.4 M/I (A/M)	L N/A	Y			12/12	SCR
B	Win Apron	/	L N/A	Y				
C	Win Casing	4.0	L N/A	Y			12/12	Int
D	Header Stop	0.0 M/I	L N/A	Y				
	Int Stops	0.1 M/I	L N/A	Y				
1	Win Int Sash	✓	M/I L N/A	Y				
2	Exterior Sill	✓	M/I SF L N/A	Y				
3	Part Bead	✓	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	✓	M/I L N/A	Y				
A B C D	Win Above 5'	/	L NA	Y				
	Ceiling Molding	/	L NA	Y				
A B C D	Medicine Cab	/	L NA	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)	

COMMENTS / STRUCTURAL DEFECTS:	
<input type="checkbox"/>	Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. #

City: ANYTOWN

ROOM # 4

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	1.0	L N/A	Y			12/12	Int
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.0	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A B	Door	1.4	L N/A	Y			12/12	Int
C D	Door Edge	1.2 (F)	L N/A	Y			12/12	Scr
1 2	Door Casing	1.2	L N/A	Y			12/12	Int
3 4	Door Jamb	1.0 (F)	L N/A	Y			12/12	Scr
	Threshold	/	L N/A	Y				
A B	Door	1.3	L N/A	Y			12/12	Int
C D	Door Edge	1.1 (F)	L N/A	Y			12/12	Scr
1 2	Door Casing	1.1	L N/A	Y			12/12	Int
3 4	Door Jamb	1.2 (F)	L N/A	Y			12/12	Scr
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	1.1	L N/A	Y			12/12	Int
A	Cl Door Edge	0.0	F L N/A	Y				
B	Cl Casing	0.0	L N/A	Y				
C	Closet Jamb	0.4	F L N/A	Y				
D	Closet Walls	0.2	L N/A	Y				
	Cl Baseboard	0.0	L N/A	Y				
1	Closet Pole	0.1	L N/A	Y				
2	Closet Shelf	0.2	L N/A	Y				
3	Cl Supports	0.0	L N/A	Y				
4	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.0	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	1.0	M/I (A/M) L N/A	Y			12/12	Scr
B	Win Apron	1.2	L N/A	Y			12/12	Int
C	Win Casing	1.3	L N/A	Y			12/12	Int
D	Header Stop	1.3	M/I L N/A	Y			12/12	Int
	Int Stops	1.2	M/I L N/A	Y			12/12	Int
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Date _____

Date _____

City: **ANYTOWN**

City: **ANYTOWN**

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	.	M/I L N/A	Y				
1	Win Int Sash	0.2	M/I L N/A	Y				
2	Exterior Sill	NA	M/I SF L N/A	Y			12/88	int
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	NA	M/I L N/A	Y			12/88	int
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	M/I L N/A	Y				
	Int Stops	.	M/I L N/A	Y				
1	Win Int Sash	.	M/I L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
	Newel Post	0.0	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.2	F L N/A	Y				
	Risers	0.2	L N/A	Y				
	Stringer	0.3	L N/A	Y				
	Tread edge >5'	0.2	L N/A	Y				
	Landing floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	.	L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

<input type="checkbox"/>	Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems
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Christopher Maracic

I/R-2006

Christopher Maracic

12 / 01 / 17

Page 14 Of 22

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. #

City: ANYTOWN

STAIRCASE # 1ST REAR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	5.7	(L) N/A	Y			12/28	COV/MI
A B C D	Low Walls	COV	L N/A	Y				
A B C D	Baseboards	2.6	(L) N/A	Y			12/28	SCR
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	COV	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	2.7	(L) N/A	Y			12/28	MI
A B	Door	0.2	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	1.2	M/I A/M (L) N/A	Y			12/28	SCR
B	Win Apron	1.2	L N/A	Y			12/28	MI
C	Win Casing	0.3	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.0	F L N/A	Y				
	Risers	2.0	(L) N/A	Y			12/28	MI
	Stringer	/	L N/A	Y				
	Tread edge >5	0.0	L N/A	Y				
	Landing floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

STAIRCASE # 2ND REAR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	3.4	L N/A	Y			12/28	WV/M1
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	4.3	L N/A	Y			12/28	SCA/CR
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	6.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	2.2	L N/A	Y			12/28	M1
A B	Door	0.4	L N/A	Y				
C D	Door Edge	0.4	F L N/A	Y				
1 2	Door Casing	0.6	L N/A	Y				
3 4	Door Jamb	0.4	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Supports	5.6	L N/A	Y			12/28	M1
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	7.1	M/I A/M L N/A	Y			12/28	Rep
B	Win Apron	2.2	L N/A	Y			12/28	Rep
C	Win Casing	2.9	L N/A	Y			12/28	Rep
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	✓	M/I L N/A	Y				
2	Exterior Sill	✓	M/I SF L N/A	Y				
3	Part Bead	✓	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	✓	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.5	F L N/A	Y				
	Risers	2.4	L N/A	Y			12/28	M1
	Stringer	/	L N/A	Y				
	Tread edge >5	0.5	L N/A	Y				
	Landing floor	0.6	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. #

City: ANYTOWN

BASEMENT/LAUNDRY AREA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Walls w/ob	0.0	L N/A	Y					A B C D	Serviceboard	0.0	L N/A	Y				
A B C D	Walls MS24	0.2	L N/A	Y					A B	Shelves	9.9	L N/A	Y			12/28	1n+
A B C D	Walls	/	L N/A	Y					C D	Supports	9.9	L N/A	Y			12/28	1n+
A B C D	Walls	/	L N/A	Y					A B	Shelves	/	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y					C D	Supports	/	L N/A	Y				
A B C D	Chair rails	/	L N/A	Y					A B	Shelves	/	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y					C D	Supports	/	L N/A	Y				
	Ceiling	/	L N/A	Y					A B	Window frame	0.3	M/I	L N/A	Y			
A B C D	Chimney	0.3	L N/A	Y					C D	Window Sash	0.2	M/I	L N/A	Y			
A B C D	Support Column	1.2	L N/A	Y			12/28	M1	1 2	Exterior Sill	NA	M/I	L N/A	Y		12/28	1n+
A B	Door	0.0	L N/A	Y					3 4	Part Bead	/	M/I	L N/A	Y			
C D	Door Edge	0.0	F L N/A	Y						Win Ext Sash	NA	M/I	L N/A	Y		12/28	1n+
1 2	Door Casing	0.0	L N/A	Y					A B	Window frame	0.3	M/I	L N/A	Y			
3 4	Door Jamb	0.2	F L N/A	Y					C D	Window Sash	0.2	M/I	L N/A	Y			
	Threshold	0.0	L N/A	Y					1 2	Exterior Sill	NA	M/I	L N/A	Y		12/28	1n+
A B	Door	0.2	L N/A	Y					3 4	Part Bead	/	M/I	L N/A	Y			
C D	Door Edge	0.6	F L N/A	Y						Win Ext Sash	NA	M/I	L N/A	Y		12/28	1n+
1 2	Door Casing	0.6	L N/A	Y					A B	Window frame	0.2	M/I	L N/A	Y			
3 4	Door Jamb	0.2	F L N/A	Y					C D	Window Sash	0.3	M/I	L N/A	Y			
	Threshold	0.4	L N/A	Y					1 2	Exterior Sill	NA	M/I	L N/A	Y		12/28	1n+
	Closet Door	/	L N/A	Y					3 4	Part Bead	/	M/I	L N/A	Y			
A	Cl Door Edge	/	F L N/A	Y						Win Ext Sash	0.2	M/I	L N/A	Y		12/28	M1
B	Cl Casing	/	L N/A	Y						Newel Posts	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y					A B	Handrail	/	A/M	L N/A	Y			
D	Closet Walls	/	L N/A	Y					C D	Balusters	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y					1 2	Lower rail	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y					3 4	Treads	/	F L N/A	Y				
2	Closet Shelf	/	L N/A	Y						Risers	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y						Stringer	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y						Tread Edge	/	L N/A	Y				
	Closet Ceiling	/	L N/A	Y						Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Cabinets	/	L N/A	Y					A B C D	Oil Tank	/	L N/A	Y				
A B	Benches	/	L N/A	Y					A B C D	Win Above 5'	/	L N/A	Y				
C D	Supports	/	L N/A	Y								F M/I A/M L N/A	Y				
A B C D	Pipes	0.2	L N/A	Y								F M/I A/M L N/A	Y				
A B C D	Sink	/	L N/A	Y								F M/I A/M L N/A	Y				
A B C D	Drainpipe	1.0	L N/A	Y			12/28	1n+				F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

Comments/Structural Defects

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

/ /

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

STAIRCASE # 1ST FRONT

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.0	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	0.3	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	0.2	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	0.0	L N/A	Y				
	Railing Cap	0.2	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	0.1	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	1.3 (F)	(L) N/A	Y				12/28 SCR
	Risers	1.4	(L) N/A	Y				12/28 M I
	Stringer	1.4	(L) N/A	Y				12/28 M I
	Tread edge >5	0.0	L N/A	Y				
	Landing floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	0.0	L N/A	Y				
	Floor Casing	0.1	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date _____

[Risk Assessor \(print\)](#)

Lic #

Signature

Date _____

Address of Property: **100 MAIN ST**

Apt. # _____

City: **ANYTOWN**

PORCH A (side) 1ST (floor)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	1.3	L N/A	Y			12/28	Int
C D	Corner Boards	/	L N/A	Y				
	Upper Trim	NA	L N/A	Y			12/28	Int
	Ceiling	NA	L N/A	Y			12/28	Int
	Joists	NA	L N/A	Y			12/28	Int
	Storm Door	0.0	L N/A	Y				
A B	Strm Door Edge	0.0	F L N/A	Y				
C D	Door	8.3	(L) N/A	Y			12/28	Rep
	Door Edge	2.3	(F) L N/A	Y			12/28	Rep
1 2	Door Casing	2.3	L N/A	Y			12/28	Int
3 4	Door Jamb	9.9	(F) L N/A	Y			12/28	Rep
	Threshold	2.0	L N/A	Y			12/28	Int
	Kickplate	5.2	L N/A	Y			12/28	Int
	Storm Door	0.0	L N/A	Y				
A B	Strm Door Edge	0.0	F L N/A	Y				
C D	Door	3.9	(L) N/A	Y			12/28	Rep
	Door Edge	2.2	(F) L N/A	Y			12/28	Rep
1 2	Door Casing	2.2	L N/A	Y			12/28	Int
3 4	Door Jamb	9.9	(F) L N/A	Y			12/28	Rep
	Threshold	1.2	L N/A	Y			12/28	Int
	Kickplate	3.2	L N/A	Y			12/28	Int
A B	Window Sill	cov	A/M L N/A	Y				
1 2	Win Casing	cov	L N/A	Y				
3 4	Window Sash	VR	L N/A	Y				
	Mullions	/	L N/A	Y				
A B	Window Sill	cov	A/M L N/A	Y				
1 2	Win Casing	cov	L N/A	Y				
3 4	Window Sash	VR	L N/A	Y				
	Mullions	/	L N/A	Y				
A B	Window Sill	9.9	A/M L N/A	Y			12/28	Int
1 2	Win Casing	9.9	L N/A	Y			12/28	Int
3 4	Window Sash	9.9	L N/A	Y			12/28	Int
	Mullions	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

[illegible]

(dust)* - Applies only to porches used as interior space

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christopher Maracic

I/R-2006

Christopher Maracic

12 / 01 / 17

Page 19 Of 22

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

EXTERIOR A Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	1.3	L N/A	Y			12/28	Int
	Corner Boards	/	L N/A	Y				
	Lower Trim	1.2	L N/A	Y			12/28	Int
	Upper Trim	NA	L N/A	Y			12/28	Int
	Win Above 5'	NA	L N/A	Y			12/28	Int
	Porch Above 5'	NA	L N/A	Y			12/28	Int
A	Storm Door	/	L N/A	Y				
	Strm Door Edge	.	F L N/A	Y				
	Door	.	L N/A	Y				
	Door Edge	.	F L N/A	Y				
	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
A	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
	Storm Door	/	L N/A	Y				
	Strm Door Edge	.	F L N/A	Y				
	Door	.	L N/A	Y				
	Door Edge	.	F L N/A	Y				
A	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	.	F L N/A	Y				
A	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
A	Window Sash	/	L N/A	Y				
	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
A				
A				
A				
A				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				
	Cellar Win Sill	2.4 A/M	L N/A	Y			12/28	COV
	Cel Win Frame	NA	L N/A	Y			12/28	Int
	Cel Win Sash	9.9	L N/A	Y			12/28	Int
A	Screen Frame	1.9	L N/A	Y			12/28	Int
	Cellar Win Sill	/	A/M L N/A	Y				
	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
	Foundation	0.2	L N/A	Y				
	Bulkhead	/	L N/A	Y				
	Fences	0.0	L N/A	Y				
A	Shutters	/	L N/A	Y				
	Newel post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower Rail	/	L N/A	Y				
A	Treads	.	F L N/A	Y				
	Risers	.	L N/A	Y				
	Tread edge	.	L N/A	Y				
	Landing floor	.	L N/A	Y				
	Stringer	/	L N/A	Y				
	Lattice	/	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
	Elec Conduit	/	L N/A	Y				
	Oil Fill Pipe	/	L N/A	Y				
	Overhang Trim	/	L N/A	Y				
	Lamp Post	/	L N/A	Y				
		.	F M/I A/M L N/A	Y				
A		.	F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	CoV	L N/A	Y				
B	Corner Boards	/	L N/A	Y				
B	Lower Trim	/	L N/A	Y				
B	Upper Trim	NA	L N/A	Y			12/28	Int
B	Win Above 5'	NA	L N/A	Y			12/28	Int
B	Porch Above 5'	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Window Sill	CoV	A/M L N/A	Y				
B	Win Casing	CoV	L N/A	Y				
# 1	Window Sash	VR	L N/A	Y				
B	Window Sill	CoV	A/M L N/A	Y				
B	Win Casing	CoV	L N/A	Y				
# 2	Window Sash	VR	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
B				
B				
B				
B				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	CoV	A/M L N/A	Y				
B	Win Casing	CoV	L N/A	Y				
# 3	Window Sash	VR	L N/A	Y				
B	Cellar Win Sill	NA	A/M L N/A	Y			12/28	CoV
B	Cel Win Frame	NA	L N/A	Y			12/28	Int
# 1	Cel Win Sash	NA	L N/A	Y			12/28	VR
B	Screen Frame	1 3	L N/A	Y			12/28	Int
B	Cellar Win Sill	NA	A/M L N/A	Y			12/28	CoV
B	Cel Win Frame	2.0	L N/A	Y			12/28	Int
# 2	Cel Win Sash	NA	L N/A	Y			12/28	VR
B	Screen Frame	1.5	L N/A	Y			12/28	Int
B	Cellar Win Sill	NA	A/M L N/A	Y			12/28	CoV
B	Cel Win Frame	NA	L N/A	Y			12/28	Int
# 3	Cel Win Sash	NA	L N/A	Y			12/28	VR
B	Screen Frame	1.1	L N/A	Y			12/28	Int
B	Foundation	0.0	L N/A	Y				
B	Bulkhead	/	L N/A	Y				
B	Fences	0.0	L N/A	Y				
B	Shutters	/	L N/A	Y				
B	Newel post	/	L N/A	Y				
B	Railing Cap	/	A/M L N/A	Y				
B	Handrail	/	A/M L N/A	Y				
B	Balusters	/	L N/A	Y				
B	Lower Rail	/	L N/A	Y				
B	Treads	/	F L N/A	Y				
B	Risers	/	L N/A	Y				
B	Tread edge	/	L N/A	Y				
B	Landing floor	/	L N/A	Y				
B	Stringer	/	L N/A	Y				
B	Lattice	/	L N/A	Y				
B	Drain Pipes	/	L N/A	Y				
B	Elec Conduit	/	L N/A	Y				
B	Oil Fill Pipe	/	L N/A	Y				
B	Overhang Trim	/	L N/A	Y				
B	Support Clmns	/	L N/A	Y				
B		/	F M/I A/M L N/A	Y				
B		/	F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # *****

City: ANYTOWN

EXTERIOR C Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	0.2	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	N/A	L N/A	Y			12/28	ht
	Win Above 5'	N/A	L N/A	Y			12/28	ht
	Porch Above 5'	/	L N/A	Y				
C	Storm Door	/	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
C	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Storm Door	/	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
C	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
C	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Window Sill	low	A/M L N/A	Y				
	Win Casing	low	L N/A	Y				
C	Window Sash	VR	L N/A	Y				
	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				
	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
C				
C				
C				
C				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				
	Cellar Win Sill	9.9	A/M L N/A	Y			12/28	low
	Cel Win Frame	9.9	L N/A	Y			12/28	ht
	Cel Win Sash	N/A	(L) N/A	Y			12/28	VR
C	Screen Frame	3.2	L N/A	Y			12/28	ht
	Cellar Win Sill	2.4	A/M L N/A	Y			12/28	low
	Cel Win Frame	2.2	L N/A	Y			12/28	ht
	Cel Win Sash	N/A	(L) N/A	Y			12/28	VR
	Screen Frame	2.3	L N/A	Y			12/28	ht
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
	Foundation	0.0	L N/A	Y				
	Bulkhead	/	L N/A	Y				
	Fences	0.0	L N/A	Y				
C	Shutters	/	L N/A	Y				
	Newel post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower Rail	/	L N/A	Y				
C	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Tread edge	/	L N/A	Y				
	Landing floor	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Lattice	/	L N/A	Y				
C	Drain Pipes	/	L N/A	Y				
	Elec Conduit	/	L N/A	Y				
	Oil Fill Pipe	/	L N/A	Y				
	Overhang Trim	/	L N/A	Y				
	Support Clms	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
C		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 100 MAIN ST

Apt. # -----

City: ANYTOWN

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	CoV	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	NA	L N/A	Y			12/28	Int
	Win Above 5'	NA	L N/A	Y			12/28	Int
	Porch Above 5'	/	L N/A	Y				
D	Storm Door	NC	L N/A	Y				
	Strm Door Edge	NC	F L N/A	Y				
	Door	6.2	(L) N/A	Y			12/28	Rep
	Door Edge	9.1 (F)	L N/A	Y			12/28	Rep
	Door Casing	9.1	L N/A	Y			12/28	Int
	Door Jamb	9.9 (F)	L N/A	Y			12/28	Rep
	Threshold	2.2	(L) N/A	Y			12/28	Int
	Kickplate	3.1	L N/A	Y			12/28	Int
	Storm Door	/	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
D	Door	1.9	(L) N/A	Y			12/28	Rep
	Door Edge	9.9 (F)	L N/A	Y			12/28	Rep
	Door Casing	9.9	L N/A	Y			12/28	Int
	Door Jamb	9.9 (F)	L N/A	Y			12/28	Rep
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Door	0.0	L N/A	Y				
	Door Edge	1.2 (F)	L N/A	Y			12/28	Rep
D	Door Casing	1.2	L N/A	Y			12/28	Int
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Window Sill	CoV	A/M L N/A	Y				
	Win Casing	CoV	L N/A	Y				
# 1	Window Sash	VR	L N/A	Y				
	Window Sill	CoV	A/M L N/A	Y				
# 2	Win Casing	CoV	L N/A	Y				
	Window Sash	VR	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				
# 1	Cellar Win Sill	9.9 (A/M)	L N/A	Y			12/28	CoV
	Cel Win Frame	1.2	L N/A	Y			12/28	CoV
	Cel Win Sash	/	L N/A	Y				
# 2	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	9.9 (A/M)	L N/A	Y			12/28	CoV
	Cel Win Frame	2.3	L N/A	Y			12/28	Int
# 2	Cel Win Sash	NA	(L) N/A	Y			12/28	CoV
	Screen Frame	1.6	L N/A	Y			12/28	Int
#	Cellar Win Sill	/	A/M L N/A	Y				
	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
	Foundation	0.2	L N/A	Y				
	Bulkhead	/	L N/A	Y				
D	Fences	/	L N/A	Y				
	Shutters	/	L N/A	Y				
	Newel post	0.0	L N/A	Y				
D	Railing Cap	0.0	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	0.1	L N/A	Y				
D	Lower Rail	0.0	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	0.0	L N/A	Y				
D	Tread edge	0.1	L N/A	Y				
	Landing floor	0.0	L N/A	Y				
	Stringer	0.2	L N/A	Y				
D	Lattice	/	L N/A	Y				
	Drain Pipes	/	L N/A	Y				
	Elec Conduit	/	L N/A	Y				
D	Oil Fill Pipe	/	L N/A	Y				
	Overhang Trim	/	L N/A	Y				
	Support Clms	/	L N/A	Y				
D		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				



Main Office: 1 Arcadia Street Dorchester, MA 02122
Toll Free: 800-349-7779
www.asapenvironmental.com

CERTIFICATION OF RESTORED COMPLIANCE
Addendum to Letter of Full Compliance

John Doe
100 Main St
Anytown, MA 02122

Dear John Doe

This letter is to certify that I visually reinspected your property, located at 100 Main St, Unit none, and relevant common areas, in the City or Town of Anytown, MA 02122, for restored deleading compliance on 03 / 01 / 18. On that date, all surfaces documented as being in violation of the Lead Law per the post compliance assessment report done by Christopher Maracic, License# 2006 on 01 / 25 / 18 were found to be in full compliance with Massachusetts General Laws, Chapter 111, section 197 and the Regulations for Lead Poisoning Prevention and Control, 105 CMR 460.000.

Massachusetts law does not require the abatement and containment of all residential lead paint. The residential premises or dwelling unit and relevant common areas shall remain in compliance with the requirements of the Lead Laws referenced above only as long as there continues to be no peeling, chipping or flaking lead paint or other accessible leaded materials, as long as coverings and/or encapsulants forming an effective barrier over such paint or other leaded materials remain in place, and as long as surfaces reversed to correct lead hazards remain reversed and securely in place. The law grants you a 30-day maintenance period to repair deteriorated lead paint or detached coverings over such paint, and to clean up, during which time your Letter of Full Compliance remains valid.

The second page of this letter indicates the authorized person(s) who performed deleading on the property and a general summary of the methods used to bring the surfaces back into compliance. A complete reinspection report is attached to this letter, which specifies how and on what date each surface was brought into restored compliance.

The CLPPP authorized serial number for this Certificate of Restored Compliance is 43852006030218-100. This number is tracked and unique to this address and unit.

This letter shall serve as an attachment to the Letter of Full Compliance issued by Christopher Maracic, License# 2006 on 12 / 28 / 17 or the waiver issued by CLPPP staff person _____ on ____ / ____ / ____
Waiver # _____

☐ This property was granted grandfathered compliance status by CLPPP on ____ / ____ / ____.
See attached verification letter from CLPPP.

DO NOT LOSE THESE DOCUMENTS. If the documents are lost you will be required to have additional private inspector services that may cost you significant amounts of money. This Certificate of Restored Compliance is only for the address and unit noted above. If you change the street address, unit number or any other identifying information pertaining to the residential premises referred to in this Certificate of Restored Compliance, this Certificate of Compliance may be considered null and void by the Department of Public Health and/or a municipal health office.

Do not alter this document in any way. Altering this document is fraudulent and may endanger the health and safety of a child which may result in significant legal consequences. In addition to any potential civil liability which may arise as the result of the alteration of this Certificate of Compliance, the Massachusetts Department of Public Health's Childhood Lead Poisoning Prevention program may seek criminal prosecution of any person who alters this document after it is originally issued.

Sincerely,

Christopher Maracic
Inspector (print name)

2006
License #

Christopher Maracic
Signature

03 / 02 / 18
Date

Serial Number: **43852006030218-100**Address: **100 Main St**Unit#: **none**City/Town: **Anytown, MA 02122****Maintenance and Deleading Work**

Maintenance Work, done on (if applicable) _____ / _____ / _____ by _____

Methods used to maintain: ☐ Scraping ☐ Making Intact (Exterior) ☐ Power Sanding ☐ Caustics
☐ Heat Gun ☐ Making Intact (interior) ☐ Removal ☐ Liquid Encapsulation
☐ Demolition ☐ Replacement ☐ Covering ☐ Other _____

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: _____ / _____ / _____

Finish Date: _____ / _____ / _____

Cost: \$ _____

Deleading Contractor **Licensed Deleader**License#: ☒ DC **01234** Exp. Date **12 / 01 / 18**
☐ DS _____

Deleading Methods: ☐ Scraping ☐ Making Intact (Exterior) ☐ Power Sanding ☐ Caustics
☐ Heat Gun ☒ Making Intact (Interior) ☐ Removal ☐ Liquid Encapsulation
☐ Demolition ☐ Replacement ☐ Covering ☐ Other _____

Work was done in the following rooms: **Hallway, Pantry, & Room 4.**Work was done on the following types of components: **Walls, baseboards, & closet door**Start Date: **01 / 29 / 18**Finish Date: **03 / 01 / 18**Cost: **\$ 1,000.00**

RRP w/additional Moderate Risk Training _____

Authorization # **MR-**

Expiration Date: _____ / _____ / _____

Moderate Risk Deleader (owner/agent) _____

Authorization # _____ - ☐ OM ☐ AM

Issuance Date: _____ / _____ / _____

Deleading Methods: ☐ Replacement ☐ Making Intact (Interior) ☐ Liquid Encapsulation
☐ Covering ☐ Making Intact (Exterior)
☐ Removal ☐ Other _____

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: _____ / _____ / _____

Finish Date: _____ / _____ / _____

Cost: \$ _____

Low Risk Deleader (owner/agent) _____

Authorization # _____

Issuance Date: _____ / _____ / _____

☐ OL ☐ AL
☐ OE ☐ AE
☐ OB ☐ AB

Deleading Methods: ☐ Covering ☐ Liquid Encapsulation
☐ Replacement (ONLY doors, cabinet doors, shutters, shelves not affixed, drawers, windows on hinges)

Work was done in the following rooms: _____

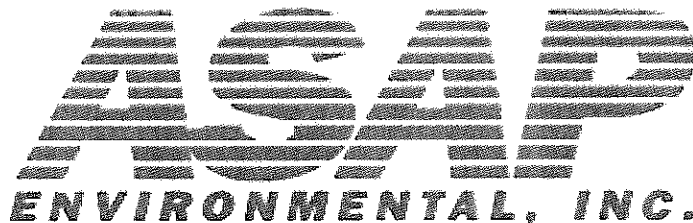
Work was done on the following types of components: _____

Start Date: _____ / _____ / _____

Finish Date: _____ / _____ / _____

Cost: \$ _____

Questions? Call the Department of Public Health at 1-800-532-9571.
DO NOT LOSE THESE DOCUMENTS



Main Office: 1 Arcadia Street Dorchester, MA 02122

Toll Free: 800-349-7779

www.asapenvironmental.com

Post Compliance Assessment Determination

St.# 100 Street Name MAIN Street Type ST Unit -----
 City ANYTOWN Zip Code 02122

Owner Name: John DoeOwner Address: 100 Main St Anytown MA 02122

Contact Information: _____

Client Name (if different from owner): _____

Client Address: _____

Key	Lead Column	Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	COV	Covered	REM	Removed
DC	Drop Ceiling	DIP	Dipped	REP	Replaced
MET	Metal	ENC	Encapsulated	SCR	Scraped
MR	Metal Rep. Window	INT	Intact	SFR	Storm Frame Removed
NA	Not Accessible	MI	Made Intact	SLD	Sealed
NC	No Coating	PRE	Prepared for Enc.	STP	Stripped
Tile	Tile (testing suggested)		Component Does Not Exist	VR/MR	Vinyl/Metal Rep Window
VB	Vinyl Baseboard				
VR	Vinyl Rep. Window				

Comments / Notes: _____

Number of Rooms in Unit: 7

Property Type:

- ☐ Single Family
☒ Multi Family # of Units: 3
☐ Condominium # of Units: _____
☐ Day Care ☐ Other: _____

Laundry in Basement? ☒ Yes ☐ NoFinished Space in Basement? ☐ Yes ☒ No

Possible Pb Water Service Line

☐ Yes ☐ No ☒ Not Tested

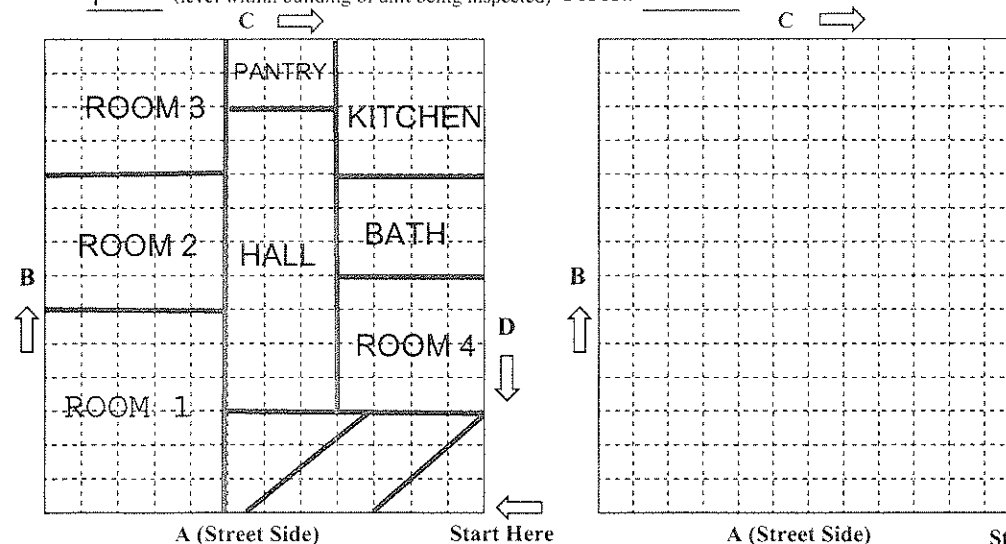
Testing Method Used

Na₂S Expiration Date: ____/____/____

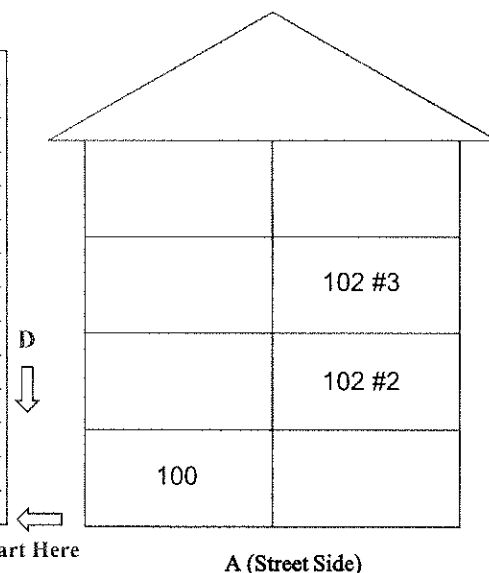
X-Ray Fluorescence

Model: Pb200i Serial # 1126

- ☐ Demarcation Lines
☐ Submitted for Compliance Evaluation

Floor# 1 (level within building of unit being inspected) Floor# _____

Property Diagram / Unit Labels



Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is **Dangerous**.
 XRF Calibration Recorded in Log Book
 Address Verified through USPS
 Research on Lead Related History for Address
www.state.ma.us/dph/clppp or 800-532-9571

- ☒ - Check off when complete
☒ - Check off when complete
☒ - Check off when complete

Christopher Maracic

Inspector's Name (print)

LI/RA - PCAD revised 06/17

2006

License #

Signature

01 / 25 / 18

Date

INSPECTION HISTORY

Determination	<input checked="" type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Comprehensive Initial Inspection	<input checked="" type="radio"/> Y	Inspector Name: C MARACIC , Lic# 2006
1 2 0 1 1 7	<input type="radio"/> N	Signature <i>Christopher Maracic</i>
Lead Hazards?		

Comp Initial w/Partial PCAD	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Addendum (add-on to Initial Inspection)	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Addendum as Full Inspection	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Walk Through for Ed/Consultation		Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Signature _____

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Reocc. Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Final Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Final Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

INTERIM CONTROL

Visual Risk Assessment	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Dust Taken for Risk Assessment	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Visual Portion of Reinspection for Interim Control	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Visual Portion of Reinspection for Interim Control	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

Risk Assessment Recertification	<input type="radio"/> Y	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Urgent Pb. Hazards?		

Dust Taken for RA Recertification	<input type="radio"/> P	R.A. Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD	<input checked="" type="radio"/> Y	Inspector Name: C MARACIC , Lic# 2006
0 1 2 5 1 8	<input type="radio"/> N	Signature <i>Christopher Maracic</i>
Lead Hazards?		

Full Inspection Acting as PCAD	<input type="radio"/> Y	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> N	Signature _____
Lead Hazards?		

Visual Portion of PCAD Reinspection	<input type="radio"/> P	Inspector Name: C MARACIC , Lic# 2006
0 3 0 1 1 8	<input type="radio"/> F	Signature <i>Christopher Maracic</i>

Dust Taken for PCAD Reinspection	<input type="radio"/> P	Inspector Name: C MARACIC , Lic# 2006
0 3 0 1 1 8	<input type="radio"/> F	Signature <i>Christopher Maracic</i>

Dust Taken for PCAD Reinspection	<input type="radio"/> P	Inspector Name: _____, Lic# _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> F	Signature _____

REOCCUPANCY CERTIFICATE HISTORY

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance				
No prior history/ No signs of UD				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr.				

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Declaring Compliance				
1	2	2	8	17
Dust wipes if No Reocc.				

Inspector Name: **C MARACIC**, Lic# **2006**Signature *Christopher Maracic*

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
0	3	0	1	18
Dust wipes and auth. people				

Inspector Name: **C MARACIC**, Lic# **2006**Signature *Christopher Maracic***COMPLIANCE HISTORY (CONT.)**

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Visual Reinspection				
No LOC Issued				

P

F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P

F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P

F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Final Reinspection				
No LOC Issued				

P

F

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF POST COMPLIANCE ASSESSMENT DETERMINATION REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The “A” side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the “A” side move clockwise to the “B” side on your left, the “C” side opposite you, and the “D” side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, “Baseboard” may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the “Lead” column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A “pos” or “neg” shows that the surface was tested with sodium sulfide. “Pos” means that there is a dangerous level of lead. • “N/A” means that the inspector was not able to test the surface. The inspector must assume that the surface contains lead and require it to be deleaded, if necessary. Speak to your inspector about alternative testing options. • “MET” or “MR” means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be deleaded if they test equal to or greater than 1.0 mg/cm², or are marked “MET” or “N/A”. All other metal surfaces must be intact. • For key to abbreviations like “COV”, “VB”, “VR” or “MR”, “NC”, “Tile”, “DC”, see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be deleaded. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • “M/I” circled means that the surface is a moveable/impacted part of a window and must be deleaded in its entirety. • “SF” circled indicates that there is a storm frame present which requires the blind stop and exterior sill be deleaded as interior moveable / impacted surfaces. • “A/M” circled means that the surface is “accessible mouthable” and must be deleaded to a minimum of five feet high, four inches in from the edge or corner. • “F” circled means that the surface is a “friction” surface and must be deleaded at all points of potential friction. • “L” circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • “N/A” means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
TREATMENT DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
TREATMENT METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report’s cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. “N/A” means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.

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Date _____

Date _____

02122

Zip

EXCLUDED SURFACES: After 30 days, surfaces listed in this box can be made intact only by a licensed deleader. Contact your inspector or CLPPP for more information.

COMMENTS: