

ENVIRONMENTAL, INC.
 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 Doe
 Owner Address: 100 Main St Anytown MA 02122
 Contact Information: _____
 Client Name (if different from owner): _____
 Client Address: _____

Number of Rooms in Unit: 7
 Property Type:
 Single Family
 Multi Family # of Units: 3
 Condominium # of Units: _____
 Day Care Other: _____

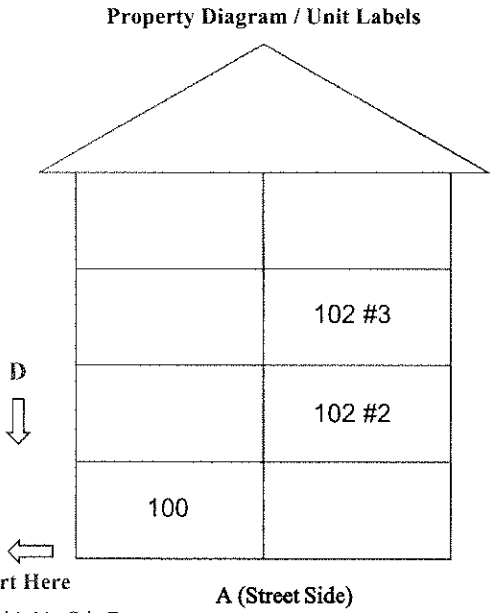
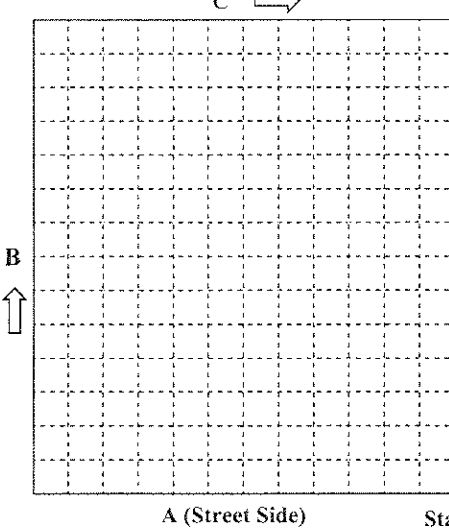
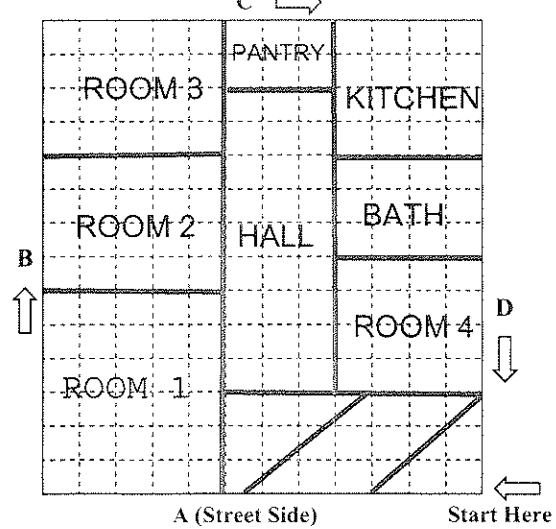
Key	Lead Column	Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	COV	Covered	REM	Removed
DC	Drop Ceiling	DIP	Dipped	REP	Replaced
MET	Metal	ENC	Encapsulated	SCR	Scraped
MR	Metal Rep. Window	INT	Intact	SFR	Storm Frame Removed
NA	Not Accessible	MI	Made Intact	SLD	Sealed
NC	No Coating	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				

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

Comments / Notes: _____

Demarcation Lines
 Submitted for Compliance Evaluation

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



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

INSPECTION HISTORY

Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Comprehensive Initial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Comp Initial w/Partial PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Addendum (add-on to Initial Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Addendum as Full Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

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

REINSPECTION HISTORY

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

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

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

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

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

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

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

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

INTERIM CONTROL

Visual Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

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

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

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

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

Risk Assessment Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

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

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Full Inspection Acting as PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: **C MARACIC**, Lic# **2006**
Signature *Christopher Maracic*

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: **C MARACIC**, Lic# **2006**
Signature *Christopher Maracic*

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

REOCCUPANCY CERTIFICATE HISTORY

COMPLIANCE HISTORY (CONT.)

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 _____

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 _____

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 Declading Compliance					
1	2	2	8	1	7
Dust wipes if No Reoce.					

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	1	8
Dust wipes and auth. people					

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

Signature *Christopher Maracic*

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 delead, 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 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.
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.

POST COMPLIANCE ASSESSMENT DETERMINATION

Christopher Maracic **2006** *Christopher Maracic* **01 / 25 / 18**
 Inspector (print name here) Lic# Signature Date

 Risk Assessor (print name here) Lic# Signature Date

100 Main St **Anytown** **02122**
 Address of Property Apt# City Zip

ROOM	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	TREATMENT DATE	TREATMENT METHOD
HALL	ABCD	WALL		F M/I SF AM (D) NA		03 / 01 / 18	MI
HALL	ABCD	BASEBOARDS		F M/I SF AM (D) NA		03 / 01 / 18	MI
PANTRY	ABCD	WALL		F M/I SF AM (D) NA		03 / 01 / 18	MI
ROOM 4	C	CLOSET DOOR		F M/I SF AM (L) NA		03 / 01 / 18	MI
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			
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				F M/I SF AM L NA			
				F M/I SF AM L NA			
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				F M/I SF AM L NA			
				F M/I SF AM L NA			
				F M/I SF AM L NA			

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.

ROOM	SIDE	SURFACE	MEASURE : LOOSE PAINT More than 288 square inches per room More than 1440 square inches on the exterior	TREATMENT DATE	TREATMENT METHOD

COMMENTS:
