

LEAD SAFE RENOVATION RECORD KEEPING FORM

Name of Firm: _____

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

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

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

Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file.
Certified renovator provided training to workers on (check all that apply).

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

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

Warning signs posted at entrance to work area

Work area contained to prevent spread of dust and debris

All objects in the work area removed or covered (interiors)

HVAC ducts in the work area closed and covered (interiors)

Windows in the work area closed (interiors)

Windows in and within 20 feet of the work area closed (exteriors)

Doors in the work area closed and sealed (interiors)

Doors in and within 20 feet of the work area closed (exteriors)

Doors that must be used in the work area are covered to allow passage but prevent the spread of dust.

Floors in the work area are covered with taped down plastic (interiors)

Ground covered by plastic covering 10 feet from work area - plastic anchored to building and weighted down by heavy objects (exteriors).

If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors).

Waste contained on-site and while being transported off site

Work site properly cleaned after renovation

All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal.

Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloth or mop (interiors)

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

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

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

Name and title of Renovator (required)

Date

I certify that I have received a copy of this form.

Property Owner Signature (required)

Date