CHECKLIST FOR RENOVATIONS REGULATED BY THE LEAD RENOVATION, REPAIR, AND PAINTING (RRP) RULE

THE PURPOSE OF THIS FORM IS TO DOCUMENT COMPLIANCE WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY'S LEAD RENOVATION, REPAIR, AND PAINTING RULE ("RRP RULE"), 40 C.F.R. § 745.80, et seq., OR ANY APPLICABLE U.S. EPA-AUTHORIZED STATE OR TRIBAL PROGRAM REGULATING LEAD-BASED PAINT SAFE WORK PRACTICES.

IN THE EVENT OF ANY DISCREPANCY BETWEEN THE REQUIREMENTS IN THIS DOCUMENT AND THE RRP RULE, THE RRP RULE PREVAILS.

General Project Information:

Property Address:			
	City	State	Zip
Contractor/subcontractor firm name and certification number (or Respondent)	copy of the firm certific	cate must be on fil	e with
Firm Name	Certi	fication Number	
Assigned certified renovator name & certification number (cop available on the work site and attached to this checklist):	y of training certificate	e must be	
Renovator Name	Certi	fication Number	
Brief description of Renovation Project (include painted surfaces disturbed and estimated size):			

Did the contractor/subcontractor obtain a written determination from a certified inspector or risk assessor that lead-based paint was not present on the components affected by the renovation?

Yes and a copy of the determination is attached to this checklist. (Form is COMPLETE. Sign Certification on last page.)

No (Continue to Next Section, "Lead Testing Information")

LEAD TESTING INFORMATION:

Were EPA or applicable state recognized lead test kits used by certified renovator on each and every component (for example, each window to be replaced must be tested unless it is assumed to have lead-based paint) to determine whether lead was present on components affected by renovation?

T 7	
Yes	NIA

Identify workers and kits used and describe components tested, sampling locations and results below. Follow the lead test kit directions completely when testing components. Document paint chip sampling using the template on the following page and attach any laboratory results.

Certified Renovator Name	Certification Number

Attach additional sheets as needed.

Test Kit Manufacturer and Model	Date of Testing	Component and Location Tested	Result

Attach additional sheets as needed

Note -- Each window to be replaced must be tested unless it is assumed to have lead-based paint. <u>See EPA Guidance for appropriate surfaces to test on each window/window assembly.</u>

General Information			
Name of Property Owner	r:		
Address:			
City:	State:_	Zip code:	Contact#:(_)
Email:			
Renovation Information			
Renovation Address:_			Unit#:
City:	State:	Zip code:	
Certified Firm Name:			
Address:			
City:	State:	_Zip code:	Contact #: ()
Email:			
Certified Renovator Nan	ne:		
Date Certified	//		
Sampling Location	n.		Date of Collection: / /
Sample Dimensions (cm)·	Calculate Sc	ample Area (cm),
*NI I A P. recognized en)· stituand location:	Calculate 5	ample Area (em):
Submission date: /	/ Results:		Result Date:
Attach additional sheets *National Lead Laborate	as necessary.		
Was lead-based paint	determined to be pres	sent on the componen	ts affected by the renovation?
•	-	•	s, and Recordkeeping").

Presumed to be present on the components affected by the renovation (Continue to Next Section, "Notification, Work Practices, and Recordkeeping").

No (Form is COMPLETE, complete and sign Certification on last page.)

NOTIFICATION, WORK PRACTICES, AND RECORDKEEPING:

(40 C.F.R. Parts§§ 745.84-745.86 or applicable state program)

Please ackno	owledge one of the following:			
	Signed and dated acknowledgments of receipt of the Renovate Right pamphlet from, as applicable: owners and, if not owner-occupied, adult occupants of dwelling units, owners of multi-unit housing for renovations in common areas; and owners and adult representatives of child-occupied facilities are attached to this checklist;			
OR				
	Certificates of mailing of the Renovate Right pamphlet to the following, as applicable: owners and, if not owner-occupied, adult occupants of dwelling units; owners of multi-unit housing for renovations in common areas; and owners and adult representatives of child-occupied facilities are attached to this checklist.			
OR				
	Certificates of attempted delivery of the Renovate Right pamphlet to adult occupants of dwelling units or adult representatives of child-occupied facilities are attached to this checklist.			
Comments of	on pamphlet delivery (i.e., obstacles encountered and how they were addressed):			
If the Renovation Project involved a common area of a multi-unit building, was a signed statement describing the steps taken to notify all occupants of multi-unit housing of the renovation activities, to provide the Renovate Right pamphlet to all occupants, and to inform of any changes to the renovation activities, obtained and attached?				
Yes	_ Not Applicable (N/A)			
If the Renovation Project was performed in a child-occupied facility, was a signed statement describing the steps taken to notify all parents and guardians of children using child-occupied facilities of the renovation activities, to provide the Renovate Right pamphlet, and to provide a copy of the records showing compliance with the RRP Rule and any dust clearance sampling reports obtained and attached?				
Yes	NIA			

NOTIFICATION, WORK PRACTICES, AND RECORDKEEPING: continued

If applicable, certified renovator provided training to workers on (check all that apply):				
	Pos	sting warning signs		Avoiding spread of dust to adjacent areas
		intaining containment		Waste handling
		ting up plastic containment barriers		Post-renovation cleaning
		5 11		
<u>List Names of workers trained (attach a copy of any records documenting which elements were taught to each worker):</u>				
		ntor posted signs defining work area to keep on trance to work area.	thers	out of renovation work area. Warning signs
Yes		NIA		
Work area c	ontai	ined to prevent spread of dust and debris? (Ch	ieck	all that apply)
(INTERIOR	.)			
		All objects in the work area were removed	or c	overed.
		HVAC ducts in the work area were closed	and	covered.
		Windows and doors in the work area were closed and sealed.		
		Floor surfaces covered by plastic extending 6 feet from work area.		
		Doors in the work area were closed and sealed.		
		Doors that must be used in the work area were covered to allow passage		
		but prevent spread of dust.		
		Floors in the work area were covered with taped-down plastic.		
(EXTERIO	R)			
		Windows in and within 20 feet of the work	area	a were closed.
		Doors in and within 20 feet of the work area	wer	e closed and sealed.
		Ground was covered by plastic extending 10) feet	from work area - plastic anchored to building
		and weighed down by heavy objects.		
		If necessary, vertical containment was instal	led i	f property line prevents 10 feet of plastic
		ground cover or if necessary to prevent mig	ratio	n of dust and debris to adjacent property

NOTIFICATION, WORK PRACTICES, AND RECORDKEEPING: (continued)

Yes	
	NIA
	tained on-site and while being transported off-site.
Yes	NIA
Work site was	properly cleaned after renovation (check all that apply):
Yes	NIA
	All chips and debris were picked up, protective sheeting misted, folded dirty side inward, and
	taped for removal;
	Plastic sheeting misted, folded dirty side inward, and taped for removal; and
	Work area surfaces, walls, and objects were cleaned using HEPA vacuum and/or wet-cloths or mops (interiors).
Certified renov and dry cloths	ator performed post-renovation cleaning verification. Describe results, including the number of wet used:
OR	
standards and a	e testing was performed instead of cleaning verification, the sample results were below clearance copy of the report was provided to property owners and, if not owner-occupied, adult occupants
standards and a of residential d	
standards and a of residential d	copy of the report was provided to property owners and, if not owner-occupied, adult occupants wellings or adult representatives of child-occupied facilities and posted in common areas of any
standards and a of residential d multi-unit hous Yes	a copy of the report was provided to property owners and, if not owner-occupied, adult occupants wellings or adult representatives of child-occupied facilities and posted in common areas of any sing. A copy of the results is attached to this checklist.

<u>CONTRACTOR/SUBCONTRACTOR CERTIFICATION</u>

I, the undersigned contractor/subcontractor, certifinformation is true and complete, and do hereby requirements of the Lead Renovation, Repair, and F § 745.80, et seq., and/or any applicable state laws a safe work practices, including compliance with requirements and work practice standards in perforthat I have provided the occupants (if any) of the documentation required to be supplied under the RRI all records required by law for at least 3 years or lead provide copies to EPA of all the records required to be state program upon request. I have provided of this Renovation Recordkeeping Checklist and all a contents.	certify that I have complied with all cainting Rule ("RRP Rule"), 40 C.F.R. or program regulating lead-based pain all information distribution, notice rming this Renovation Project. I certifule Property to be Renovated, with all PRule and/or state program, shall retain onger if required by state law, and shall be retained by the RRP Rule or applicable with a completed copy.
Contractor/subcontractor Name and Title	Date
Signature of Authorized Officer	Date
Print Name of Authorized Officer	
Title	