

Lead-Safe Work Practices Checklist

Name of Firm: _____

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

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

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

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

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

_____ Posting warning sign.

_____ Setting-up plastic containment barriers.

_____ Maintaining containment.

_____ Avoiding spread of dust to adjacent areas.

_____ Waste handling.

_____ Post-renovation cleaning.

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

_____ Warning signs posted at entrance to work area.

_____ Work area contained to prevent spread of dust and debris.

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

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

_____ Windows in the work area closed (interiors).

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

_____ Doors in the work area closed and sealed (interiors).

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

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

_____ Floors in the work area covered with taped-down plastic (interiors).

_____ Ground covered by plastic extending 10 feet from work area – plastic anchored to building and weighed down by heavy objects (exteriors).

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

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

_____ Work site properly cleaned after renovation.

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

_____ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors).

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

_____ If dust clearance testing was performed instead, attached a copy of report.

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

Name and Title

Date