



LEAD HAZARD CONTROL INSPECTION REPORT

Staff Inspector:		Date:	
Property Owner:		Phone:	
Inspection Address:		Unit(s):	
Common Area(s):		Exterior	
Residence: (check as apply)	Rental Unit		Residence of child under six
Other Building: (check as apply)	Licensed Child Care		School
Lead Hazard Control Firm		License: LHCF-	
Address:		Phone	Fax
Lead-Safe Remodeler/Renovator:		License LRM-	

Responsibilities of Persons Performing Lead Hazard Control Activity [14.4]					
Log book on site?	Yes		No		N/A
Lead-Safe Remodeler/Renovator on site?	Yes		No		N/A
Affiliation with a Lead Hazard Control Firm?	Yes		No		N/A
All workers licensed or trained?	Yes		No		N/A
<i>Renovate Right</i> distributed to owner and occupants before work began?	Yes		No		N/A

Start Work Notification Form PBLC-9 [14.11]					
Is this an emergency renovation?	Yes		No		N/A
Is this a planned renovation, repair, or repainting?	Yes		No		N/A
Start Work Notification submitted to DOH at least 3 business days before lead hazard control activities began?	Yes		No		N/A
Revised Start Work Notification received by DOH if work did not end within 5 days of the Start Work Notification completion date?	Yes		No		N/A
New Start Work Notification submitted to DOH if work did not begin within 5 days of the Start Work Notification date?	Yes		No		N/A

Occupant Protection [14.8(a)]					
Occupants not present during lead hazard control activity?	Yes		No		N/A
Dwelling unit and worksite secured against unauthorized entry?	Yes		No		N/A
Occupant belongings relocated to a safe area outside containment?	Yes		No		N/A
Occupant belongings inside containment covered with impenetrable covering with all seams and edges taped or otherwise sealed?	Yes		No		N/A

Work Practice Standards [14.8(b)]					
Warning signs posted at all entrances?	Yes		No		N/A
HVAC vents closed and sealed?	Yes		No		N/A
Doors and windows closed and sealed where applicable?	Yes		No		N/A
Floors covered with protective sheeting at least 6 feet beyond surfaces/components undergoing interior lead hazard control?	Yes		No		N/A
Impenetrable material attached to ground at exterior worksite?	Yes		No		N/A
Lead-safe work practices followed?	Yes		No		N/A
Vacuum with HEPA filter or wet vacuum used?	Yes		No		N/A
Exterior work in compliance with DEM Air Pollution Control Regulation No. 24?	Yes		No		N/A
Waste from lead hazard control activity contained to prevent release of dust and debris before the waste is removed from the work area for storage or disposal?	Yes		No		N/A

Dust Control [14.7]					
Thorough cleaning of all horizontal surfaces?	Yes		No		N/A
Pitted or porous horizontal surfaces (e.g. window wells) covered with smooth, cleanable covering or coating?	Yes		No		N/A
Attached carpets HEPA or wet vacuumed if not to be removed?	Yes		No		N/A
Protective measures utilized during removal of rugs, carpet or padding?	Yes		No		N/A
Floor surface under rug or carpet cleaned where feasible with a HEPA or a wet vacuum?	Yes		No		N/A

Lead Hazard Control Clearance Inspection [14.9]					
Owner delegated responsibility for obtaining clearance inspection to Lead Hazard Control Firm?	Yes		No		N/A

Summary of Findings										
Compliant		Non-compliant		Non-compliant items corrected during inspection:						
Comments:										
Actions:	None		Educational letter		Warning letter		Hearing		Fine	
Reviewed by:				Signed:				Date:		

HEALTHY HOUSING INFORMATION

Date:					Affiliation:	HHE Staff		
Street Address:					Apt./Unit			
Single family	<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Triple-Decker	<input type="checkbox"/>			
Apartment complex	<input type="checkbox"/>	Business/School	<input type="checkbox"/>	Other	<input type="checkbox"/>			
City/Town					Zip Code			
Respond to each item below								
Electrical outlets, extension cords, and power strips used safely	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Working smoke detector present in unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Working CO detector present in unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Refrigerator temperature <= 41 degrees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Exits are accessible	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Entry doors have locks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
All windows in the unit have screens	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Unit appears to be free of pests	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Fire extinguisher present in the unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Hand rails are in place if there are more than three risers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Hand rails are secure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Furnace has been serviced within last year	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Are the following appliances vented safely?								
Furnace	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Gas Hot Water Heater	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Gas Stove	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Gas Dryer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Kerosene Heater	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Other (explain)								
Are the following vents clean and free of debris?								
Heating, Ventilating & Air Cond.(HVAC)Return/Intake Vent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Heating, Ventilating & Air Cond.(HVAC)Supply Vent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>		
Other (explain)								
Other safety concerns? Describe								