



LEAD HAZARD REDUCTION INSPECTION REPORT

Staff Inspector		Date:	
Property Owner		Phone:	
Inspection Address:			Unit(s):
DOH Notice of Violation	HUD Program		
Other (specify):			
Contractor/ Contractor Agent License: LHR/ LHRA			
LHR Supervisor:		License: LHR -	
LHR Worker Name(S)/ License):			

Work Procedures Utilized For Lead Hazard Reduction					
Interior Containment (not mechanical paint removal) (Section 13.4)	Yes		No		NA
Interior Containment (mechanical paint removal) (Sections 13.4 and 13.12)	Yes		No		NA

Start Work Notification (13.2)					
Start work notification submitted to RIDOH three working days prior to the start of the job?	Yes		No		
Revised start work notification received by RIDOH? (if work did not begin or end w/in 5 days of the date on the start work notification)	Yes		No		N/A
Telephone notification to the RIDOH after site preparation, but before lead hazard reduction begins [13.12(a)]	Yes		No		N/A

Required Records Maintained At The Project Site[13.11(a) - (g)]					
Current copy of the RI Rules and Regulations for Pb Poisoning Prevention	Yes		No		
Contractors/ Contractor Agents/ Supervisors: Name/License #	Yes		No		
Workers: Name/License #	Yes		No		N/A
Copy of the Original Start Work Notification form	Yes		No		
Copy of any Revised Start Work Notification forms	Yes		No		N/A
Access Log Book (Consecutively numbered pages, names, license #s, time in/ time out for all persons entering/ exiting the containment area?)	Yes		No		
Licenses worn or posted for all individuals/entities conducting LHR?	Yes		No		
Copies of medical monitoring findings?	Yes		No		
Copies of Respirator Fit Tests?	Yes		No		
Copies of all correspondence w/ regulatory agencies (building or demolition permits, notices of violation, ect.)	Yes		No		NA
Methodology and results of all air sampling conducted during abatement.	Yes		No		NA
Results of clearance inspections from any reopened areas following LHR	Yes		No		NA



Interior Containment [13.4 (a)-(g)]						
Barriers constructed of 1 layer 6-mil polyethylene secured w/tape (doorways, draings, ducts, grills, grates, diffusers, windows opening to enclosed areas)	Yes		No			
All surfaces in the isolated/ contaminated area pre-cleaned of dust/debris?	Yes		No			
All movable objects removed from the containment area?	Yes		No			
If no, are the objects covered w/ 6-mil poly and secured w/ tape?	Yes		No			
Warning signs posted at all entrances to the abatement area?	Yes		No		N/A	
Emergency Contact Numbers for LHR contractor posed on-site?	Yes		No		N/A	
All non-movable objects in the containment area covered w/6 mil poly and secured in place (poly secured w/ duct tape)?	Yes		No			
One layer of 6-mil poly on the floor (attached to wall/floor joints)?	Yes		No			
Baseboards present?	Yes		No			
Are they sealed w/ one later of poly attached at the top of the baseboard and extend out onto the floor at least 6 inches from the wall?	Yes		No		N/A	
If no, were the baseboards HEPA vacuumed/ caulked prior to LHR activities?	Yes		No		N/A	
All HVAC equipment in or passing through the work area shut down or locked out?	Yes		No		N/A	
All intake and exhaust openings, as well as any seams in the system components sealed with 6-mil poly and/or tape.	Yes		No		N/A	
More than 2 windows per room utilized for ventilation?	Yes		No			
All lead-containing waste material placed in either double 4 mil poly bags or single 6-mil poly bags secured with tape for disposal.	Yes		No		N/A	

Protective Clothing						
Protective suits worn by all persons entering containment area?	Yes		No		N/A	
Disposable gloves worn by all persons entering containment area?	Yes		No		N/A	
Hair covering worn by all persons entering containment area?	Yes		No		N/A	
Show covers worn by all persons entering containment area?	Yes		No		N/A	

Respiratory Protection						
Respirators worn by all persons entering containment area?	Yes		No		N/A	

Additional Requirements for Interior Containment Mechanical Paint Removal [13.12 (a)-(e)]						
Three stage decontamination enclosure system on site?	Yes		No		N/A	
Decontamination enclosure system used by all who leave?	Yes		No		N/A	
Decontamination enclosure system functioning properly?	Yes		No		N/A	
Negative pressure ventilation in constant operation?	Yes		No		N/A	
If Yes, minimum air change every fifteen minutes?	Yes		No		N/A	
For other requirements, refer to 13.12 (a)-(e)						

Written Variances/ Alternate Work Practices						
Were alternate work procedures approved by the Department?	Yes		No		N/A	
Alternative work procedures conducted as specified in the work plan Submitted and approved by the Department?	Yes		No		N/A	



Summary of Findings:	<input type="checkbox"/>	Compliant	<input type="checkbox"/>	Non-Compliant
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LIST NONCOMPLIANT ITEMS CORRECTED DURING INSPECTION:

Comments:

Actions:	<input type="checkbox"/>	None	<input type="checkbox"/>	Education Letter	<input type="checkbox"/>	Warning Letter	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Fine
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Reviewed:			
Signed:		Date:	



HEALTHY HOUSING INFORMATION

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