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Lead Safety Renovation Checklist

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: Thomas Cavendish

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 signs

Setting up plastic containment barriers

Maintaining containment

Avoiding spread of dust to adjacent areas

Waste handling

Post-renovation cleaning

Test kit or test results from an EPA-recognized laboratory on collected paint chip sample, used by certified renovator to determine whether lead was present on components affected by renovation (*identify method used, type of test kit used (if applicable), laboratory used to conduct paint chip analysis, 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*)

Vertical containment installed if property line prevents 10 feet of ground covering, or if necessary 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, attach a copy of report

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

Name and title

Date