

LEAD SAFE WEATHERIZATION CHECKLIST
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 59496 (01/13)

Name of Firm/Wx Agency	Client Name/ID	
<p>Was the home built after 1978?</p> <p><input type="checkbox"/> Yes - then no further action required for this checklist. Sign and date at bottom of form.</p> <p><input type="checkbox"/> No – continue down this checklist.</p> <p><input type="checkbox"/> The lead hazard information booklet, <u>Renovate Right</u> was delivered to client.</p> <p><input type="checkbox"/> <u>Pre-Renovation Form</u> signed by client and placed in client file.</p>		
<p>No windows or doors were removed, and no room had more than 6 square feet of painted surfaces disturbed and the exterior had less than 20 square feet of painted surfaces was disturbed.</p> <p><input type="checkbox"/> Yes – then no further action required for this checklist. Sign and date at bottom of form.</p> <p><input type="checkbox"/> No – continue down this checklist.</p>		
<p>Did an EPA approved testing method confirm that NO lead is present in painted surfaces to be disturbed?</p> <p><input type="checkbox"/> Yes – then no further action required for this checklist. Sign and date at bottom of form.</p> <p><input type="checkbox"/> No – continue down this checklist and follow all applicable RRP guidelines and work practices.</p>		
<p><input type="checkbox"/> Worker Protection provided and utilized.</p> <p><input type="checkbox"/> Work area set up safely to contain and minimized dust. Followed all applicable RRP guidelines and work practices. Check the applicable actions taken from the list below.</p> <p><input type="checkbox"/> Warning signs posted at entrance to work area.</p> <p><input type="checkbox"/> Work area contained to prevent spread of dust and debris</p> <p><input type="checkbox"/> All objects in the work area removed or covered (interiors)</p> <p><input type="checkbox"/> HVAC ducts in the work area closed and covered (interiors)</p> <p><input type="checkbox"/> Windows in the work area closed (interiors)</p> <p><input type="checkbox"/> Windows in and within 20 feet of the work area closed (exteriors)</p> <p><input type="checkbox"/> Doors in the work area closed and sealed (interiors)</p> <p><input type="checkbox"/> Doors in and within 20 feet of the work area closed and sealed (exteriors)</p> <p><input type="checkbox"/> Doors that must be used in the work area covered to allow passage but prevent spread of dust</p> <p><input type="checkbox"/> Floors in the work area covered with taped-down plastic (interiors)</p> <p><input type="checkbox"/> Ground covered by plastic extending 10 feet from work area—plastic anchored to building and weighted down by heavy objects (exteriors)</p> <p><input type="checkbox"/> If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)</p> <p><input type="checkbox"/> Waste contained on-site and while being transported off-site</p> <p><input type="checkbox"/> Work site properly cleaned after renovation</p> <p><input type="checkbox"/> All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal</p> <p><input type="checkbox"/> Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)</p> <p><input type="checkbox"/> Certified renovator performed post-renovation cleaning verification.</p> <p><input type="checkbox"/> I confirm that the above information is true and complete.</p>		
Name	Title	Date

Name of Assigned Renovator	
Name(s) of Trained Worker(s), if used	
<input type="checkbox"/>	Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file.
<input type="checkbox"/>	Certified renovator provided training to workers on (check all that apply):
<input type="checkbox"/>	Posting Warning Signs
<input type="checkbox"/>	Setting Up Plastic Containment Barriers
<input type="checkbox"/>	Maintaining Containment
<input type="checkbox"/>	Waste Handling
<input type="checkbox"/>	Avoiding Spread of Dust to Adjacent Areas
<input type="checkbox"/>	Post-Renovation Cleaning

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components.

Test Kit #1	Manufacturer	Manufacture Date
Serial Number	Model Number	Expiration Date

Test Kit #2	Manufacturer	Manufacture Date
Serial Number	Model Number	Expiration Date

Test Kit #3	Manufacturer	Manufacture Date
Serial Number	Model Number	Expiration Date

Test Location #	Test Kit Used (check only one) <input type="checkbox"/> Test Kit Number 1 <input type="checkbox"/> Test Kit Number 2 <input type="checkbox"/> Test Kit Number 3
Description of Test Location:	
Result: Is lead present? (Check only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Presumed	

Test Location #	Test Kit Used (check only one) <input type="checkbox"/> Test Kit Number 1 <input type="checkbox"/> Test Kit Number 2 <input type="checkbox"/> Test Kit Number 3
Description of Test Location:	
Result: Is lead present? (Check only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Presumed	

Test Location #	Test Kit Used (check only one) <input type="checkbox"/> Test Kit Number 1 <input type="checkbox"/> Test Kit Number 2 <input type="checkbox"/> Test Kit Number 3
Description of Test Location:	
Result: Is lead present? (Check only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Presumed	

If more locations are used, attach Test Kit Documentation Form.