COVER SHEET

PROTOTYPE
LEAD-BASED PAINT RISK ASSESSMENT REPORT

FOR THE DWELLING LOCATED AT:

1234 Main Street
Anywhere, Any State 12345

PREPARED FOR:

Mr. Joseph H. Smith, Owner
4444 Podunk Way
Anywhere, Any State  54321
400-777-7777

BY:

Michael L. Hazard, Certified Assessor
5678 Snowflake Street
Anywhere, Any State 67890
400-333-3333

Any State License No:  00-567

April 19, 2000
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HUD PROTOCOL SINGLE FAMILY RISK ASSESSMENT

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LEAD HAZARD EVALUATION NOTICE

This Notice will describe the results of the lead-based hazards evaluation completed at the following address: 1234 Main Street; Anywhere, Anystate 12345

Type of Evaluation Completed: .Paint Inspection  
| Risk Assessment |

Date of Evaluation: April 19, 2000

Evaluation Completed By:  Michael L. Hazard  
| Signature: Michael L. Hazard |

Organization:  ________  Phone:  400-333-3333

Address: 5678 Snowflake Street  
| Anywhere, Anystate 12345 |

Summary of Results:

☐ No lead-based paint hazards were found.

☒ Lead-based paint hazards were found. See summary below for details

Summary of types and locations of lead-based paint hazards. List at least the bare soil locations, dust-lead locations, and/or building components (including type of room or space and the material underneath the paint), and types of lead-based paint hazards found:

<table>
<thead>
<tr>
<th>Bare Soil Location</th>
<th>Identified Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yard Soil</td>
<td>None</td>
</tr>
<tr>
<td>Play Area (1)</td>
<td>None</td>
</tr>
<tr>
<td>Play Area (2)</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Dust Location</th>
<th>Identified Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors</td>
<td>Dust in excess of 40 ug/SF</td>
</tr>
<tr>
<td>Bobby’s Bedroom</td>
<td>Dust on sills in excess of 250 ug/SF</td>
</tr>
<tr>
<td>Living Room</td>
<td></td>
</tr>
<tr>
<td>Sills</td>
<td></td>
</tr>
<tr>
<td>Bobby’s Bedroom</td>
<td></td>
</tr>
<tr>
<td>Building Components</td>
<td>Identified Hazards</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Exterior</strong></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td>All</td>
</tr>
<tr>
<td>Doors</td>
<td></td>
</tr>
<tr>
<td>Trim</td>
<td>Fascia</td>
</tr>
<tr>
<td>Cladding</td>
<td></td>
</tr>
<tr>
<td>Outbuildings</td>
<td></td>
</tr>
<tr>
<td>Fences</td>
<td></td>
</tr>
<tr>
<td>Porch A</td>
<td></td>
</tr>
<tr>
<td>Porch B</td>
<td></td>
</tr>
<tr>
<td><strong>Interior</strong></td>
<td></td>
</tr>
<tr>
<td>Trim</td>
<td></td>
</tr>
<tr>
<td>Doors</td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td></td>
</tr>
</tbody>
</table>

Date of Evaluation:  April 19, 2000

Evaluation Completed By:  Michael L. Hazard  
Signature:  Michael L. Hazard

Organization:  
Phone:  400-333-3333

Address:  5678 Snowflake Street  
Anywhere, Anystate 12345

Lessee’s Acknowledgement

The Lessee, ____________________________, has received a copy of this Lead Hazard Evaluation Notice.

Signature of Lessee ____________________________

Date ____________________________
1. **Identifying Information**

A lead-based paint risk assessment was conducted at 1234 Main St. in Anywhere, Any State 12345 for Mr. Joseph H. Smith, Owner, who is located at 4444 Podunk Way, Anywhere, Any State 54321 (400-777-7777) on April 1, 2000. The risk assessment was conducted by Michael L. Hazard, a Certified Risk Assessor (Any State License No. 00-567).

2. **Summary of Results**

**Location and Type of Identified Lead-Based Paint and Lead Hazards**

While the building and its paint are in reasonably good condition overall, the HUD testing results showed that lead-based paint hazards (as defined in Title X of the 1992 Housing and Community Development Act) exist in the following locations:

**A. Paint Hazards**

The following components are deteriorated or will be disturbed during the proposed renovation and contain lead-based paint which must be addressed with interim controls or stabilization:

<table>
<thead>
<tr>
<th>To Be Disturbed</th>
<th>Deteriorated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior door and frame</td>
<td>Exterior windows</td>
</tr>
<tr>
<td>Exterior railing</td>
<td>Garage door</td>
</tr>
<tr>
<td>Roof fascia trim</td>
<td>Fascia</td>
</tr>
<tr>
<td>Bath wall</td>
<td></td>
</tr>
<tr>
<td>Kitchen wall</td>
<td></td>
</tr>
<tr>
<td>Furnace room walls</td>
<td></td>
</tr>
<tr>
<td>Bedroom #2 trim and doors</td>
<td></td>
</tr>
</tbody>
</table>

The following components will be disturbed during the proposed renovation and do not contain lead-based paint:

- Floors throughout the house
- Interior doors
- Interior walls in bedrooms, living room
- Front porch door

**B. Dust Hazards**

Lead dust contamination in excess of the maximum threshold has been discovered in:

- Bobby’s bedroom (Bedroom #2 Floor and window at 2nd floor S.W. corner)
- Living room floor
No dust hazards were identified in the following areas:

- Living room window
- Kitchen floor
- Kitchen window
- Jennifer’s bedroom floor and window

C. Soil Hazards

Current EPA and HUD Guidance for soil is 400 ppm for bare play areas and 1,200 ppm for other areas. Using these criteria, soil is not a hazard at this property.

Maintenance Recommendations: (optional)
Mr. Smith will make sure that the part-time as-needed maintenance worker he uses will be trained in safe work practices. Property maintenance will be modified to ensure that the normal repair work done will not disturb those surfaces with lead-based paint.

Reevaluation Recommendations: (optional)
Standard Reevaluation Schedule 3 contained in the HUD Guidelines applies to this property, since one of the rooms had a dust lead level greater than the standard. Therefore, the dwelling should be reevaluated in April 2001 (12 months from now). If no lead-based paint hazards are identified at that time, another reevaluation should be conducted in April 2003 (2 years later). If no lead-based paint hazards are identified at that time, no further reevaluations are needed. However, since lead-based paint may be present in the dwelling, the owner should monitor the condition of all painted surfaces at least annually or whenever other information indicates a potential problem.

3. Recommendations

A. Exemptions

Because there are no observed bite marks, no chewable surfaces shall be treated.

B. Hazard Reduction

1. The exterior requires paint stabilization on all leaded components. Abatement options to consider are window replacement, railing replacement and door replacement.

2. Interior leaded surfaces must be stabilized. All interior rooms and exterior window troughs must be decontaminated to below clearance levels. Interim control options to consider include laminating walls and replacing trim.
Resident Questionnaire

Children/Children’s Habits

1. (a) Do children or pregnant women live in your home? Yes __x__ No _____
   (b) If yes, how many? ___2__ Ages? ___1__ ___3__ _____ _____ _____
   (c) Record blood lead levels, if known _____ _____ _____ _____ _____

IF NO CHILDREN, SKIP TO Q.5

2. Locate the rooms/areas where each child sleeps, eats and plays.

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Location of Bedroom</th>
<th>Location of all rooms where child eats</th>
<th>Primary location where child plays indoors</th>
<th>Primary location where child plays outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobby</td>
<td>Southeast – Second floor</td>
<td>Kitchen</td>
<td>Living Room</td>
<td>Back yard under jungle gym</td>
</tr>
<tr>
<td>Jennifer</td>
<td>South west – Second floor</td>
<td>Kitchen</td>
<td>Living room</td>
<td>Back yard under jungle gym</td>
</tr>
</tbody>
</table>

1. Where are toys stored/kept? _____ Living room ______________________
2. Is there any visible evidence of chewed or peeling paint on the woodwork, furniture or toys? Yes _____ No __X__

Family Use Patterns

3. Which entrances are used most frequently? ___ Front door ____________
4. Which window are opened most frequently? ___ Living room ____________
5. Do you use window air conditioners? If yes, where? ___ No ___X__
6. (a) Do any household members engage in gardening? Yes ___ No __X__
   (b) Record the location of any vegetable garden. ___ No garden __________
   (c) Are you planning any landscaping activities that will remove grass or ground covering? Yes ___ No __X__
7. (a) How often is the household cleaned? ___ once/week ____________
   (b) What cleaning methods do you use? ___ mopping and sweeping __________
8. (a) Did you recently complete any building renovations? Yes ___ No __X__
   (b) If yes, where? ____________
   (c) Was building debris stored in the yard? If yes, where? ____________
9. Are you planning and building renovations? Where? _____ No ____________
10. (a) Do any household members work in a lead-related industry? Yes ___ No __X__
    (b) If yes, where are dirty work clothes places and cleaned? ____________
Management Questionnaire for 1 – 4 Unit Rental Dwellings

Part 1: Identifying Information

Source: Owner / Tax Records / Other – Specify_________________

Name of Building or Development  Not Applicable
Number of Buildings ______1_______
Number of Individual Dwelling Units/Building: ____1____
Number of Total Dwelling Units: ___1___
Date of Construction 1937 (if between 1960 – 1978, consider a Screen Risk Assessment)
Date of Substantial Rehab, if any  None

List Address of Dwellings:

<table>
<thead>
<tr>
<th>Dwelling No.</th>
<th>Address</th>
<th>No of Children Aged 0 – 6 Years Old</th>
<th>Recent Code Violation Report by Owner?</th>
<th>Chronic Maintenance Problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1234 Main St Anywhere, Any State</td>
<td>2</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Record number and locations of common child play areas (on-site playground, backyards, etc.)

Number 1 Play Structure in Back Yard
Part 2: Management Information by _____________________________

Owner / Agent / Other___________________

1. List names of individuals who have responsibility for lead-based paint. Include owner, property manager (if applicable), maintenance supervisor and staff (if applicable) and others. Include any training in lead hazard control work (inspector, supervisor, worker, etc.) that has been completed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Training Completed (if none, enter “None”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Smith</td>
<td>Owner</td>
<td>None</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>Property Manager</td>
<td></td>
</tr>
<tr>
<td>Joe Sweat</td>
<td>Maintenance Worker</td>
<td>None</td>
</tr>
</tbody>
</table>

2. Has there been previous lead-based paint evaluations?
   _____Yes  __x__No (If yes, attach the report)

3. Has there been previous lead hazard control activity?
   _____Yes  __x__No (If yes, attach the report)

4. Maintenance usually conducted at time of dwelling turnover:
   Repainting____Where needed____________
   Cleaning____Where needed______________
   Repair____Where needed_______________

5. Employee and Worker Safety Plan
   a. Is there an occupational safety and health plan for maintenance workers?
      __x__Yes  _____No (If yes, attach plan)
   b. Are workers trained in lead hazard recognition?
      _____Yes  __x__No  If yes, who performed the training?__________________
   c. Are workers involved in a hazard communication program?
      _____Yes  __x__No
   d. Are workers trained in property use of respirators?
      _____Yes  __x__No
   e. Is there a medical surveillance program?
      _____Yes  __x__No
6. Is there a HEPA Vacuum available?
   _____Yes  __x__No

7. Are there any on-site licensed or unlicensed day-care facilities?
   _____Yes  __x__No  If yes, give location______________________________

8. Planning for Resident Children with Elevated Blood Levels
   a. Who would respond for the owner if a resident child with an elevated blood lead level was identified?
      The owner
   b. Is there a plan to relocate such children?
      _____Yes  __x__No  If yes, where?_________________________
   c. Do you (the owner) know if there ever has been a resident child with an elevated blood lead level?
      _____Yes  _____No  __x__Unknown

9. Owner Inspections
   a. Are there periodic inspections of all dwellings by the owner?
      __x__Yes  _____No  If yes, how often? Every year or whenever the unit is vacant.
   b. Is the paint condition assessed during these inspections?
      __x__Yes  _____No

10. Have any of the dwellings ever received a housing code violation notice?
    _____Yes  __x__No  _____Unknown  If yes, describe code violation ______________
                        ___________________________________________________________________

11. If previously detected, unabated lead-based paint exists in the dwelling, have the residents been informed?
    _____Yes  _____No  __x__Not Applicable
Maintenance Practices 1 to 4 Unit

1. Painting Frequency and Methods
   a. How often is painting completed? Every ___5___ years.
   b. Is painting completed upon vacancy, if necessary? __x__ Yes ____No
   c. Who does the painting? __x__ Property Owner ____Residents ____Contractors
   d. Is painting accompanied by scraping, sanding or paint removal? __x__ Yes ____No
   e. How are paint dust/chips cleaned up? (check one) ____Sweeping __x__ Vacuum ____Mopping ____HEPA/TSP/HEPA
   f. Is the work area sealed off during painting? ____Yes __x__No
   g. Is furniture removed from the work area? ____Yes __x__No
   h. If no, is furniture covered during work with plastic? __x__ Yes ____No

2. Is there a preventive maintenance program? ____Yes __x__No  How often?________

3. Describe work order system (if applicable, attach copy of work order form)
   There is no formal work order system

4. How are resident complaints received and addressed? How are requests prioritized? If formal work orders are issued, is the presence or potential presence of lead-based paint considered in the work instructions?
   Resident complaints are received directly by the owner, who then authorizes the maintenance employee to complete the necessary repairs. The presence of lead-based paint is not routinely considered in the repair and maintenance work.
REQUEST FOR LEAD HAZARD EVALUATION

Per our master contract, please arrange to evaluate the following property:

Address: ________________________________
______________________ Anywhere, Any State 12345

Phone: ________________________________

Owner: ________________________________

Occupant: ______________________________

The preliminary scope of work prepared after a site inspection to address HQS and code requirements indicates that the following painted building components will be disturbed during construction and must be sampled for lead paint content:

Exterior:
  Front Door and Jamb
  Roof Fascia
  Exterior Railings
  Front Porch

Interior:
  Bath – floors, walls and ceiling
  Kitchen – walls at counter top
  Staircase – railing and wall
  Furnace room – walls and ceiling
  Bedroom #2 – doors
  Bedroom #1 – molding and walls

Soil
  None

This project has an estimated rehab hard costs of $17,000 per unit.

_________________________  __________
R. M. Santucci            April 3, 2000
Rehab Specialist          Date
**Field Sampling Form For Paint**

Name of Risk Assessor: Michael Hazard  
Name of Property Owner: Joseph Smith  
Property Address: 1234 Main Street, Anywhere, Any State 30000  
Apt No. ______  
Sampling Protocol: __x__All Dwellings

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Room</th>
<th>Building Component</th>
<th>Condition</th>
<th>XRF Reading (mg/cm(^2))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Porch</td>
<td>A-Railing</td>
<td>G</td>
<td>9.2 mg/cm(^2)</td>
</tr>
<tr>
<td>2.</td>
<td>Front Porch</td>
<td>Floor</td>
<td>P</td>
<td>0.1 mg/cm(^2)</td>
</tr>
<tr>
<td>3.</td>
<td>A-Side</td>
<td>Exterior Door</td>
<td>G</td>
<td>5.3 mg/cm(^2)</td>
</tr>
<tr>
<td>4.</td>
<td>A-Side</td>
<td>Exterior Door Left Frame</td>
<td>G</td>
<td>7.8 mg/cm(^2)</td>
</tr>
<tr>
<td>5.</td>
<td>A-Side</td>
<td>Fascia</td>
<td>F</td>
<td>5.3 mg/cm(^2)</td>
</tr>
<tr>
<td>6.</td>
<td>C-Side</td>
<td>Exterior window Frame C-2</td>
<td>P</td>
<td>7.8 mg/cm(^2)</td>
</tr>
<tr>
<td>7.</td>
<td>D-Side</td>
<td>Exterior Window Trough D-1</td>
<td>P</td>
<td>7.2 mg/cm(^2)</td>
</tr>
<tr>
<td>8.</td>
<td>Garage</td>
<td>Left Door</td>
<td>P</td>
<td>&gt; 10 mg/cm(^2)</td>
</tr>
<tr>
<td>9.</td>
<td>Yard</td>
<td>Swing Set</td>
<td>P</td>
<td>.2 mg/cm(^2)</td>
</tr>
</tbody>
</table>

| HUD STANDARD | | | | 1 mg/cm\(^2\) |

Total Number of Samples This Page ___9___  
Page ___1___ of ___4___  
Date of Sample Collection __4/1/00__  
Date Shipped to Lab __4/1/00__  
Shipped by _________________________  Received by _________________________  
_Analyzed by __Lisa Baker___________  
_Approved by __Jim Zimmerman_______

Date Results Reported __4/10/00__
# Field Sampling Form For Paint

Name of Risk Assessor: Michael Hazard  
Name of Property Owner: Joseph Smith  
Property Address: 1234 Main Street, Anywhere, Any State 30000  
Apt No.: ______  
Sampling Protocol: ___x___All Dwellings

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Room</th>
<th>Building Component</th>
<th>Condition</th>
<th>XRF Reading (mg/cm²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Bath</td>
<td>A-Wall</td>
<td>F</td>
<td>9.2 mg/cm²</td>
</tr>
<tr>
<td>11.</td>
<td>Bath</td>
<td>Ceiling</td>
<td>G</td>
<td>0.1 mg/cm²</td>
</tr>
<tr>
<td>12.</td>
<td>Kitchen</td>
<td>B-Wall</td>
<td>G</td>
<td>5.3 mg/cm²</td>
</tr>
<tr>
<td>13.</td>
<td>Stairwell</td>
<td>Railing</td>
<td>G</td>
<td>0.2 mg/cm²</td>
</tr>
<tr>
<td>14.</td>
<td>Stairwell</td>
<td>C-Wall</td>
<td>F</td>
<td>0.3 mg/cm²</td>
</tr>
<tr>
<td>15.</td>
<td>Furnace Room</td>
<td>B-Wall</td>
<td>F</td>
<td>4.3 mg/cm²</td>
</tr>
<tr>
<td>16.</td>
<td>Furnace Room</td>
<td>Ceiling</td>
<td>F</td>
<td>0.3 mg/cm²</td>
</tr>
<tr>
<td>17.</td>
<td>Bedroom #2</td>
<td>Window Trough A-2</td>
<td>F</td>
<td>9.2 mg/cm²</td>
</tr>
<tr>
<td>18.</td>
<td>Bedroom #2</td>
<td>Door B</td>
<td>P</td>
<td>5.3 mg/cm²</td>
</tr>
</tbody>
</table>

| HUD STANDARD |                      |                |           | 1 mg/cm²            |

Total Number of Samples This Page: ___9___  
Page: ____2____ of ____4____  
Date of Sample Collection: __4/1/00__  
Date Shipped to Lab: __4/1/00__  
Shipped by: ________________  
Received by: ________________  
Analyzed by: __Lisa Baker___________  
Approved by: __Jim Zimmerman_____
### Field Sampling Form For Paint

**Name of Risk Assessor:** Michael Hazard  
**Name of Property Owner:** Joseph Smith  
**Property Address:** 1234 Main Street, Anywhere, Any State 30000  
**Apt No.:** ______  
**Sampling Protocol:** __x__All Dwellings

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Room</th>
<th>Building Component</th>
<th>Condition</th>
<th>XRF Reading (mg/cm²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Bedroom #2</td>
<td>Door B Frame</td>
<td>F</td>
<td>9.2 mg/cm²</td>
</tr>
<tr>
<td>20.</td>
<td>Bedroom #2</td>
<td>Floor</td>
<td>F</td>
<td>0.1 mg/cm²</td>
</tr>
<tr>
<td>21.</td>
<td>Bedroom #2</td>
<td>Closet Door</td>
<td>F</td>
<td>5.3 mg/cm²</td>
</tr>
<tr>
<td>22.</td>
<td>Bedroom #2</td>
<td>Window A Casing</td>
<td>F</td>
<td>5.0 mg/cm²</td>
</tr>
<tr>
<td>23.</td>
<td>Bedroom #1</td>
<td>A-Wall</td>
<td>G</td>
<td>.3 mg/cm²</td>
</tr>
<tr>
<td>24.</td>
<td>Bedroom #1</td>
<td>Door A Casing</td>
<td>G</td>
<td>5.0 mg/cm²</td>
</tr>
<tr>
<td>25.</td>
<td>Bedroom #1</td>
<td>Base Wall B</td>
<td>G</td>
<td>5.0 mg/cm²</td>
</tr>
<tr>
<td>26.</td>
<td>Bedroom #1</td>
<td>Closet Door</td>
<td>G</td>
<td>.4 mg/cm²</td>
</tr>
</tbody>
</table>

**HUD STANDARD**  
1 mg/cm²

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**Total Number of Samples This Page:** 8  
**Page:** 3 of 4  
**Date of Sample Collection:** 4/1/00  
**Date Shipped to Lab:** 4/1/00  
**Shipped by:** _______________________  
**Received by:** _______________________  

**Date Results Reported:** 4/10/00  
**Analyzed by:** __Lisa Baker___________  
**Approved by:** __Jim Zimmerman_______
### Field Sampling Form For Paint

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Room</th>
<th>Building Component</th>
<th>Condition</th>
<th>XRF Reading (mg/cm²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>Southeast Child’s Bedroom (Bobby’s room)</td>
<td>Window Trough Frame</td>
<td>F</td>
<td>9.2 mg/cm²</td>
</tr>
<tr>
<td>28.</td>
<td>Front Porch</td>
<td>Floor</td>
<td>P</td>
<td>0.1 mg/cm²</td>
</tr>
<tr>
<td>29.</td>
<td>Southeast Child’s Bedroom (Bobby’s room)</td>
<td>Interior Door</td>
<td>P</td>
<td>5.3 mg/cm²</td>
</tr>
<tr>
<td>30.</td>
<td>Living Room</td>
<td>Window, Trough Frame</td>
<td>F</td>
<td>7.8 mg/cm²</td>
</tr>
</tbody>
</table>

**HUD STANDARD**

1 mg/cm²

Total Number of Samples This Page: 4

Page 4 of 4

Date of Sample Collection: 4/1/00

Date Shipped to Lab: 4/1/00

Shipped by: ______________________

Received by: ______________________

(signature)                    (signature)

Date Results Reported: 4/10/00

Analyzed by: Lisa Baker

Approved by: Jim Zimmerman
Field Sampling Form For Dust (Single Surface)

Name of Risk Assessor: Michael Hazard  
Name of Property Owner: Joseph Smith  
Property Address: 1234 Main Street, Anywhere, Any State 30000  
Apt No.: ______  
Sampling Protocol: __x__All Dwellings

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Room (Resident Name)</th>
<th>Surface Type</th>
<th>Is Surface Smooth and Cleanable?</th>
<th>Dimensions(^1) of sample area (inches x inches)</th>
<th>Area (ft(^2))</th>
<th>Result of Lab Analysis (µg/ ft(^2))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Living Room</td>
<td>Floor</td>
<td>Yes</td>
<td>12 x 12</td>
<td>1</td>
<td>79</td>
</tr>
<tr>
<td>2</td>
<td>Play Room</td>
<td>A-2 Window Sill</td>
<td>Yes</td>
<td>3 x 33</td>
<td>0.69</td>
<td>150</td>
</tr>
<tr>
<td>3</td>
<td>Kitchen</td>
<td>Floor</td>
<td>Yes</td>
<td>12 x 12</td>
<td>1</td>
<td>&lt;25</td>
</tr>
<tr>
<td>4</td>
<td>Kitchen</td>
<td>B1 Window Sill</td>
<td>No</td>
<td>3 x 25</td>
<td>0.52</td>
<td>246</td>
</tr>
<tr>
<td>5</td>
<td>Bedroom #2 (Bobby’s)</td>
<td>Floor at B2 Window</td>
<td>No</td>
<td>12 x 12</td>
<td>1</td>
<td>356</td>
</tr>
<tr>
<td>6</td>
<td>Bedroom #2 (Bobby’s)</td>
<td>B2 Window Sill</td>
<td>No</td>
<td>2.5 x 34</td>
<td>0.59</td>
<td>400</td>
</tr>
<tr>
<td>7</td>
<td>Bedroom #1 (Jennifer’s)</td>
<td>Floor</td>
<td>Yes</td>
<td>12 x 12</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>8</td>
<td>Bedroom #1 (Jennifer’s)</td>
<td>C2 Window Sill</td>
<td>No</td>
<td>3 x 33</td>
<td>0.69</td>
<td>200</td>
</tr>
<tr>
<td>9</td>
<td>Blank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;25</td>
</tr>
</tbody>
</table>

\(^1\)Measure to the nearest 1/8 inch

Total Number of Samples This Page ___9___  
Page ___1___ or ___1___  
Date of Sample Collection __4/1/00___  
Date Shipped to Lab __4/4/00___  
Shipped by ________________________  Received by _________________________  
(signature) (signature)

HUD Standards 40 µg/ ft\(^2\) (floors), 250 µg/ ft\(^2\) (interior window sills), 400 µg/ ft\(^2\) (window troughs clearance only)  
August 2001
### Field Sampling Form For Soil

Name of Risk Assessor: Michael Hazard  
Name of Property Owner: Joseph Smith  
Property Address: 1234 Main Street, Anywhere, Any State 30000  

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Location</th>
<th>Notes</th>
<th>Lab Result (µg/g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mid Yard</td>
<td>Bare</td>
<td>1,112</td>
</tr>
<tr>
<td></td>
<td>8 sub samples</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Play Area 1</td>
<td>Bare</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Back Yard Jungle Gym</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 sub samples</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Collect only the top 1/2” of soil

Total Number of Samples This Page ____2____
Page ____1____ of ____1____
Date of Sample Collection __4/1/00__ Date Shipped to Lab __4/1/00__

Shipped by _______________________ Received by _________________________  
(signature) (signature)

**Other Sampling Results**

The owner decided not to have water sampling conducted at this property.
Part III: Lead Hazard Control Recommendations

Lead-Based Paint Policy Statement

The owner indicated such a statement would be developed.

Name of Individual in Charge of Lead-Based Paint Hazard Control Program

Joseph Smith

Recommended Changes to Work Order System and Property Management (Rental Only)

The existing work order system is an informal, verbal one. If painted surfaces will be disturbed during a particular repair job, the painted surface should be tested to determine if it has lead-based paint on it. If it does (or if testing is not completed), the maintenance worker should take the necessary precautions by wetting down the surface and performing cleanup. If the surface area is more than 2 SF or if the work will generate a significant amount of dust, clearance testing should be completed before residents move back into the room.

When work is assigned, the owner or worker must determine whether or not the job required safe work practices.

Paint chips are now cleaned up by sweeping. Mopping or other wet cleaning methods should be used instead. HEPA vacuuming is best.

If residents are present, the work area must be sealed off so that leaded dust does not enter the living area. Any furniture present should be moved or covered with plastic. The possible presence of lead-based paint should be considered in all repair and maintenance work.

A full lead-based paint inspection should be completed at some point in the future to determine exactly where all the lead-based paint is located so that it can be properly managed.

The Anywhere, Any State Childhood Lead Poisoning Prevention Program offers a general awareness class in lead-based paint hazards, which both the owner and the maintenance worker should attend. The program also offers the use of a HEPA vacuum and provides advice on respirators and medical surveillance and other lead-related issues.

The practice of examining the condition of the paint annually or upon vacancy is a good one and should be continued.

Since all painted have not been completely tested, untested areas should be assumed to contain lead-based paint. The owner should tell residents to report any paint that is peeling, chipping, flaking, chalking, or otherwise deteriorating so that it can be repaired quickly and safely.
Acceptable Interim Control Specifications

The following hazard reduction treatments selected from the National Center for Lead-Safe Housing’s Library of Specifications are acceptable ways to address the identified hazards. The number refers to the spec number of the scope of work in the NCLSH database.

**General Requirements:**

- 9030 – Clearance Report
- 9057 – Worker Training
- 9090 – Temporary Relocation
- 9122 – Ground Containment
- 9129 – Final Clean

**Exterior Hazards:**

- Window Trough Surfaces: 9424 - Paint film stabilization of both frame and sash or 9436 - encapsulation of exterior frame with a Liquid Encapsulant Coating plus sash liners.
- Fascia: 9649 Stabilize or 9658 wrap with vinyl or aluminum coil stock
- Porch Railing: 9626 Stabilize or 9648 remove and replace
- Exterior Door: 9522 Stabilize and rehang or 9532 remove and replace door
- Exterior Door Frame: 9491 Stabilize

**Interior Hazards:**

- Leaded Dust On Bedroom #2 Floor: 9129 Dust removal and 9357 stabilize hardwood floor with polyurethane
- Deteriorated Lead-Based Paint on the interior door leading to Bedroom #2: 9495 paint film stabilization plus rehang door for smooth operation (paint film stabilization alone without door repair is not appropriate).
- Bath Walls: 9161 Stabilize or 9190 laminate with vinyl paper or 9197 3/8” greenboard
- Kitchen Walls: 9161 Stabilize or 9190 wallpaper with vinyl or 9207 laminate with paneling behind countertop
- Furnace Room Walls: 9161 Stabilize or laminate with Type X 5/8” fire retardant gypsum or 9635 stucco with Portland plaster
- Bedroom #1 Trim - Base and Casing: 9160 Stabilize or replace
Acceptable Abatement Specifications (Optional – Not Required by HUD Regulation)

Window Trough Surfaces: Enclosure of window frame with metal panning system plus sash replacement or replacement of entire window assembly or remove all lead-based paint from entire window assembly using chemical paint removers.

Fascia: Wrap with vinyl or aluminum coil stock

Porch Railing: Replace or remove paint

Exterior Door: Remove and replace door or remove paint

Exterior Door Frame: Remove paint

Garage Door: Replace

Interior Hazards:

Leaded Dust On Bedroom #2 Floor: Enclose floor with underlayment tile

Deteriorated Lead-Based Paint on the interior door leading to Bedroom #2: Replace door and door frame or encapsulate door or replace door and enclose door frame or remove lead-based paint from door and door frame chemically.

Bath Walls: Laminate with 1/2” gypsum

Kitchen Walls: Laminate with paneling or gypsum behind countertop

Furnace Room Walls: Laminate with Type X or stucco with Portland plaster

Bedroom #1 Trim - Base and Casing: Replace

Reevaluation and Monitoring Schedule

Each interim control treatment will need to be reexamined periodically to make certain that they remain effective and to ensure that new lead-based paint hazards do not reappear. The interim controls are less expensive initially, but they may be more expensive in the long run since they need to be reevaluated and maintained more frequently. The replacement and paint removal methods are more expensive initially, but do not require any reevaluation or maintenance.

The owner should monitor the condition of the paint at least annually at unit turnover and when there is some indication that paint might be failing. A professional reevaluation is suggested. The standard schedule for reevaluating the dwelling is shown below.
**Reevaluation:** Standard Reevaluation Schedule 3 contained in the HUD Guidelines applies to this property, since one of the rooms had a dust lead level greater than the standard. Therefore, the dwelling should be reevaluated in April 2001 (12 months from now). If no lead-based paint hazards are identified at that time, another reevaluation should be conducted in April 2003 (2 years later). If no lead-based paint hazards are identified at that time, no further reevaluations are needed. However, since lead-based paint may be present in the dwelling, the owner should monitor the condition of all painted surfaces at least annually or whenever other information indicates a potential problem.

**Training Plan for Managers, Maintenance Supervisors and Workers**

The part-time worker will attend the one day lead maintenance worker class offered by the Anywhere Any State Childhood Lead Poisoning Prevention Program to learn safe work practices. The owner has agreed to attend the same class. The Appendix to this report contains brochures with the relevant information.

**Resident Notification**

The Notice of Lead Hazard Evaluation will be provided by the owner to the residents in the dwelling. The brochure in the Appendix will be provided to the residents. The owner will explain to the resident that the lead hazards at the property will be corrected during renovation. After the work has been completed and clearance established, the owner will forward a Notice of Lead Hazard Reduction.

**Signatures (Risk Assessor and Owner)**

________________________________  _____________  
Joseph Smith, Owner            (date)  

________________________________  _____________  
Michael Hazard, Certified Risk Assessor         (date)  

**Appendix (optional)**

Lab Raw Data  
Lab NLLAP Certification  
Worker Training Brochure  
Local Childhood Lead Poisoning Prevention Program