

**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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## 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:

Bare Soil Location	Identified Hazards
Yard Soil _____	None
Play Area (1) _____	None
Play Area (2) _____	_____
Lead Dust Location	Identified Hazards
Floors <u>Bobby's Bedroom</u>	<u>Dust in excess of 40 ug/SF</u>
<u>Living Room</u>	_____
_____	_____
Sills <u>Bobby's Bedroom</u>	<u>Dust on sills in excess of 250 ug/SF</u>
_____	_____
_____	_____

Building Components	Identified Hazards		
	Location	Substrate	Hazard
Exterior			
Windows	<u>All</u>	<u>wood</u>	<u>Deteriorated LBP</u>
Doors	_____	_____	_____
Trim	<u>Fascia</u>	<u>wood</u>	<u>Deteriorated LBP</u>
Cladding	-	_____	_____
Outbuildings	_____	<u>wood</u>	<u>Deteriorated LBP</u>
Fences	<u>Garage door</u>	_____	_____
Porch A	_____	_____	_____
Porch B	_____	_____	_____
Interior			
Trim	_____	_____	_____
Doors	_____	_____	_____
Windows	_____	_____	_____
Walls	_____	_____	_____
Floors	_____	_____	_____

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:

To Be Disturbed

Exterior door and frame  
Exterior railing  
Roof fascia trim  
Bath wall  
Kitchen wall  
Furnace room walls  
Bedroom #2 trim and doors

Deteriorated

Exterior windows  
Garage door  
Fascia

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 2<sup>nd</sup> 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  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.

Name of Child	Location of Bedroom	Location of all rooms where child eats	Primary location where child plays indoors	Primary location where child plays outdoors
Bobby	Southeast – Second floor	Kitchen	Living Room	Back yard under jungle gym
Jennifer	South west – Second floor	Kitchen	Living room	Back yard under jungle gym

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

### 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
6. (a) Do any household members engage in gardening? Yes  No   
 (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
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   
 (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   
 (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:

Dwelling No.	Address	No of Children Aged 0 – 6 Years Old	Recent Code Violation Report by Owner?	Chronic Maintenance Problem?
1.	1234 Main St Anywhere, Any State	2	No	No
2.				
3.				
4.				

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.

Name	Position	Training Completed (if none, enter "None")
Joseph Smith	Owner	None
Not Applicable	Property Manager	
Joe Sweat	Maintenance Worker	None

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
- Is there an occupational safety and health plan for maintenance workers?  
 \_\_x\_\_ Yes \_\_\_\_ No (If yes, attach plan)
  - Are workers trained in lead hazard recognition?  
 \_\_\_\_ Yes \_\_x\_\_ No If yes, who performed the training? \_\_\_\_\_
  - Are workers involved in a hazard communication program?  
 \_\_\_\_ Yes \_\_x\_\_ No
  - Are workers trained in property use of respirators?  
 \_\_\_\_ Yes \_\_x\_\_ No
  - Is there a medical surveillance program?  
 \_\_\_\_ Yes \_\_x\_\_ No

6. Is there a HEPA Vacuum available?  
 Yes  No
7. Are there any on-site licensed or unlicensed day-care facilities?  
 Yes  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  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  Unknown
9. Owner Inspections
- a. Are there periodic inspections of all dwellings by the owner?  
 Yes  No If yes, how often? Every year or whenever the unit is vacant.
- b. Is the paint condition assessed during these inspections?  
 Yes  No
10. Have any of the dwellings ever received a housing code violation notice?  
 Yes  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  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?  
 Yes  No
- c. Who does the painting?  Property Owner  Residents  Contractors
- d. Is painting accompanied by scraping, sanding or paint removal?  
 Yes  No
- e. How are paint dust/chips cleaned up? (check one)  
 Sweeping  Vacuum  Mopping  HEPA/TSP/HEPA
- f. Is the work area sealed off during painting?  
 Yes  No
- g. Is furniture removed from the work area?  
 Yes  No
- h. If no, is furniture covered during work with plastic?  
 Yes  No

2. Is there a preventive maintenance program?  Yes  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: 1234 Main Street  
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  
Rehab Specialist

April 3, 2000  
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

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

Total Number of Samples This Page   8  

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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

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

<sup>1</sup>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<sup>2</sup> (floors), 250 µg/ ft<sup>2</sup> (interior window sills), 400 µg/ ft<sup>2</sup> (window troughs clearance only) August 2001



### **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