

Renovation Firm Recordkeeping Checklist

Firm Name: _____

Renovation date and location: _____

Renovation description (brief): _____

Name of assigned Certified Renovator: _____

Pre-Renovation Education/Renovate Right delivered and record of delivery on file

Name(s) of Trained Workers, if used: _____

Name of Dust Sampling Technician, Inspector or Risk Assessor (if used): _____

Copies of Certified Renovator and/or 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 kits used by Certified Renovator to determine whether lead was present on components affected by renovation (attach Test Kit Documentation Form or identify kit(s) used, 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 and sealed (interior)

HVAC ducts in the Work Area closed and covered/sealed (interior)

windows in the Work Area closed (interior)

no other windows in Work Area

doors in the Work Area closed and sealed (interior)

none in Work Area

floors in the Work Area covered with taped-down plastic a minimum of 6 feet beyond the perimeter of surfaces undergoing renovation (interior)

doors that must be used in the Work Area covered to allow passage but prevent the spread of dust

windows within 20 feet of the renovation closed (exterior)

no other windows w/in 20'

doors within 20 feet of the renovation closed (exterior)

no other doors w/in 20'

ground covered by plastic extending at least 10 feet beyond the perimeter of surfaces undergoing renovation – plastic anchored to building and weighted by heavy objects (exterior)

if necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exterior)

not necessary

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, protective sheeting folded (dirty side inward) and taped for removal

Work Area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interior)

Certified Renovator performed post-renovation Cleaning Verification (describe results, including the number of wet and dry cloths used): _____

_____ wet cloths used, _____ dry cloths used

if Dust Clearance Test 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

Test Kit Documentation Form (Record all available information)

Owner Information

Name of Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact # (____) _____
Email: _____

Renovation Information

Name of Occupant: _____
Renovation Address: _____
City: _____ State: _____ Zip Code: _____
Certified Firm's Name: _____
City: _____ State: _____ Zip Code: _____ Contact # (____) _____
Email: _____
Certified Renovator's Name: _____ Date Certified: ____ / ____ / ____

Test Kit Information

Manufacturer: _____ Product Name: _____
Model/Part #: _____ Lot #: _____
Expiration Date: _____ Test Date: _____

Test 1: Location and description of tested component: _____

Result: Is lead present? (Circle only one) YES LOW LEAD* NO PRESUMED

Test 2: Location and description of tested component: _____

Result: Is lead present? (Circle only one) YES LOW LEAD* NO PRESUMED

Test 3: Location and description of tested component: _____

Result: Is lead present? (Circle only one) YES LOW LEAD* NO PRESUMED

* **LOW LEAD** = Lead present but below the US EPA regulated lead level