

VERIFICATION OF COMPLETED LEAD HAZARD REDUCTION ACTIVITIES

SECTION 1: Project Information			
1. Grantee	2. State Project Identifier	3. Date of Review	
4. Grant Administrator	5. Grant Administrator Email	6. Grant Administrator Phone #	
7. Project Location Street Address	8. Project Location City	9. State	10. Zip Code

SECTION 2: Summary of Lead Hazard Reduction Strategy Implemented			
<i>Select which level of lead hazard reduction was implemented for the project.</i>			
<input type="checkbox"/> REHAB ≤ \$5,000	<input type="checkbox"/> REHAB >\$5,000- \$25,000	<input type="checkbox"/> REHAB > \$25,000	
SAFE WORK PRACTICES & SITE CLEARANCE 24 <i>CFR 35.930(b)</i>	RISK ASSESSMENT & INTERIM CONTROLS 24 <i>CFR 35.930(c)</i>	RISK ASSESSMENT & HAZARD ABATEMENT 24 <i>CFR 35.930(d)</i>	
11. Date Visual Inspection Completed	12. Areas Included in Visual Inspection	13. Date Paint Testing Completed	
14. Licensed Inspector Name	15. Inspector License #	16. Inspector Firm/Agency	
17. Paint Testing Show Positive Results? <input type="checkbox"/> YES – RISK ASSESSMENT REQUIRED <input type="checkbox"/> NO – RISK ASSESSMENT NOT REQUIRED	18. Risk Assessment Show Additional Hazards? <input type="checkbox"/> YES – ALL LEAD HAZARDS TO BE ADDRESSED <input type="checkbox"/> NO – ONLY TESTED PAINT SURFACES TO BE ADDRESSED	19. Risk Assessment Levels > EPA Standard? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. Areas Where Hazard Reduction Strategies Implemented		21. Date Notice of Lead Hazard Eval Issued	
		22. Date Reduction Strategy Completed	
		23. Date Notice of Completed Work Issued	

SECTION 3: Documents Checklist – These documents must be attached to the ERR if applicable	
<input type="checkbox"/> Photos of areas where work will be performed	<input type="checkbox"/> Copy of risk assessment report
<input type="checkbox"/> Photos of painted areas that were tested	<input type="checkbox"/> Copy of Notice of Lead Eval w/ proof of receipt by homeowner
<input type="checkbox"/> Photos of areas covered in risk assessment	<input type="checkbox"/> Copy of clearance inspection report to demonstrate work is complete
<input type="checkbox"/> Copy of the initial lead paint test results	<input type="checkbox"/> Copy of Notice of Lead Cleanup Work w/ proof of receipt by homeowner

SECTION 4: Certification		
I, Chief Elected Official and certifying official for the Grantee, certify that the information contained herein is true to the best of my knowledge. I affirm that all interim controls and/or lead abatement work has been completed and all known lead hazards identified in the visual inspection, paint tests, and risk assessment have been adequately addressed in compliance with 24 CFR Part 35 and 24 CFR 58.5(i)(2), generally.		
32. Chief Elected Official Printed Name	33. Chief Elected Official Signature	34. Date