

Target Housing or Child-occupied Facility Renovation Cover Sheet

Firm name and Certification Number: _____

Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

Certificate Number: (attach training certificate) _____

Date of the Completion: _____

Date Compliance Information Provided _____

- with the final invoice
 - within 30 days of the completion of the renovation
 - Posted for Interested Occupant
- Provided to:

Printed Name of Owner

Printed Name of Adult Occupant

Printed Name of Adult Occupant

Printed Name of Adult Representative of Child-occupied Facility

Printed Name of Interested Occupant

Printed Name of Interested Occupant

Printed Name of Interested Occupant

Printed Name of Interested Occupant

The Firm (contractor) will retain documentation for a period of 10 years following completion of the renovation.

* When the final invoice for the renovation is delivered or within 30 days of the completion of the renovation, whichever is earlier, the renovation firm must provide information pertaining to compliance with this subpart to the following persons: The **owner** of the building; and, if different, An **adult occupant** of the residential dwelling, or an **adult representative** of the child-occupied facility or

For renovations in common areas of multi-unit target housing, renovation firms must **post the required information or instructions on how interested occupants can obtain a copy of this information.** (*This information must be posted in areas where it is likely to be seen by the occupants of all of the affected units.*)

✓ **Test Kit Documentation Form*-(file and provide)**

Document results of lead testing done with EPA recognized Test Kit(s). Records or reports certifying that a determination had been made that lead-based paint was not present on the components affected by the renovation. (*may be substituted with an Inspection report (MA RRP Assessment report)*)

✓ **Pre-Renovation Education and Notification Form – (file)**

Signed and dated acknowledgments of receipt of Renovate Right (*may be substituted with Certificates of mailing*) see flowchart

✓ **Renovation Notice Form & Record of Tenant Notification Procedures –(file)**

Records of notification activities performed regarding common area renovations, and renovations in child-occupied facilities

✓ **Renovation Recordkeeping Checklist*-(file and provide)**

Documentation of compliance with the requirements of §745.85, including documentation that a certified renovator was assigned to the project, that the certified renovator provided on-the-job training for workers used on the project, that the certified renovator performed or directed workers who performed all of the tasks described in §745.85(a),

✓ **Non-Certified Workers Training Form*-(file and provide)**

Documentation that training was provided to workers (topics must be identified for each worker). Strongly recommended certified renovator use Steps to lead Safe renovation. OSHA 1926.62(l) "Employee information and training". The employer shall train each employee who is subject to exposure to lead at or above the action level (30 ug/m(3)) on any day The employer shall institute a training program, provide the training program as initial training prior to the time of job assignment and at least annually and ensure employee participation in the program.

✓ **Renovation Form Cleaning Verification (MA) (optional)**

Self certified documentation of a thorough cleaning (*Independent dust clearance sampling is performed in lieu of cleaning verification*)

Owner Information

Name of Owner/Occupant: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact #: (____) ____ - ____
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.

Renovation Address: _____ Unit# _____
City: _____ State: _____ Zip code: _____

Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact #: (____) ____ - ____
Email: _____

Certified Renovator Name: _____ Date Certified: ____/____/____

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: ____/____/____
Model: _____ Lot #: _____
Expiration Date: _____

Test Kit #2
Manufacturer: _____ Manufacture Date: ____/____/____
Model: _____ Lot #: _____
Expiration Date: _____

Test Kit #3
Manufacturer: _____ Manufacture Date: ____/____/____
Model: _____ Lot #: _____
Expiration Date: _____

Renovation Address: _____ Unit# _____
 City: _____ State: _____ Zip code: _____

Test Kit Documentation Form Component Sheet

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When the final invoice for the renovation is delivered or within 30 days of the completion of the renovation, whichever is earlier, the renovation firm must provide information pertaining to compliance with 40CFR Part 745 Subpart E to the following persons: The owner of the building; and, if different, An adult occupant of the residential dwelling, if the renovation took place within a residential dwelling, or an adult representative of the child-occupied facility, if the renovation took place within a child-occupied facility. The information may be provided by completing the sample form titled "Sample Renovation Recordkeeping Checklist" or a similar form containing the test kit information required by §745.86(b)(1)(ii) and the training and work practice compliance information required by §745.86(b)(6).

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	
Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	
Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	
Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	
Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	

Renovation Address: _____	Unit# _____
City: _____	State: _____ Zip code: _____

Test Kit Documentation Form Component Sheet

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of Component including test location: _____				

Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	

Pre-Renovation Form

Occupant Confirmation of Renovate Right Pamphlet Receipt –maintain onsite during renovation

_____ I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began. (*initial*)

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Renovation Documentation of Compliance (Massachusetts)

Name of Contractor: _____ *

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Supervisor _____ *

(physically present at worksite and in control of the work at all times when renovation work is in progress)

Name(s) of Trained Worker(s), if used: _____ *

Name of Licensed Inspector, or Risk Assessor, if used: _____

___ Copies of renovator qualifications (contractor license training certificates) onsite during renovation. *

___ Results of EPA Recognized Test Kits used by Lead-safe Renovator-supervisor or Deleader-supervisor to determine whether lead was not present on components affected by renovation onsite during renovation. *

___ Lead-safe Renovator-supervisor provided training to persons performing as workers (check all that apply):*

___ Posting warning signs ___ Setting up plastic containment barriers ___ OSHA subjects at 29 CFR 1926.62(l)(2)

___ Maintaining containment ___ Avoiding spread of dust to adjacent areas ___ OSHA subjects at 29 CFR 1910.134(K)

___ Waste handling ___ Post-renovation cleaning ___ **Prohibited and restricted practices not used**

___ Access to the all work areas limited to persons engaged in work, emergency response personnel, consultants working within authority and inspectors

___ Warning signs posted at entrance to work area. Warning signs met the standards set forth at 29 CFR 1926.62(m) (interiors & exterior)

___ Work area contained to prevent spread of dust and debris integrity of the containment maintained throughout renovation work (interiors & exterior)

___ Entrance doors to the work area were covered in a manner as to allow workers to pass through while confining dust and debris (interiors & exterior)

___ Isolation of HVAC Systems shut down and the duct opening were cover with plastic sheeting to form a dust-tight seal (interiors)

___ All moveable objects in the work area removed & non-movable objects covered with plastic sheeting taped down to form a dust-tight seal (interiors)

___ Doors in the work area closed and covered with plastic sheeting secured with tape or sealed around the edges, to form a dust-tight seal (interiors)

___ Windows in the work area closed and covered with plastic sheeting secured with tape to form a dust-tight seal. (interiors)

___ Floors covered with taped-down plastic, except where the floor itself is included in the renovation, extending min. 6 feet beyond surfaces (interiors)

___ Horizontal surfaces cleaned by HEPA vacuuming then wet wiping or mopping. Vertical surfaces cleaned by HEPA vacuuming or wet wiping (interiors)

___ Closed all doors and windows within a horizontal distance of 20 feet from the work area on the same floor, & on all floors below (exterior)

___ Ground and Plants were covered by tarpaulin or plastic extending min.10 feet from work area (exteriors)

___ Barriers (vertical containment) and engineering controls employed to prevent migration of dust and debris to adjacent property (exterior) if necessary

___ Dangerous Levels of Lead not be allowed to fall distances >40 feet, except in dust-tight chutes or enclosures (interiors & exterior)

___ Surfaces & items cleaned of all paint chips, dust, debris & other residue by acceptable cleaning methods per 454 CMR 22.11(9)(f) (interior & exterior)

___ The preparation, transportation and disposal of waste carried out in accordance with applicable EPA, DOT and DEP regulations (interiors & exterior)

___ Certified renovator performed post-renovation cleaning verification (describe results, including number of wet and dry cloths used): _____ *

___ Dust clearance testing was performed in lieu of post-renovation cleaning verification*

I certify under penalty of law that the above information is true and complete.

Name and title

Date *See Attached Sheets

Record of Tenant Notification Procedures

Owner of multi-family housing _____ Number of dwelling units _____

Project Address _____

Street _____

City _____ State _____ Zip Code _____

Apt # _____

Method of delivering notice forms (e.g. delivery to units, delivery to mailboxes of units) _____

Name of person delivering notices _____

Signature of person delivering notices _____ Date of Delivery _____

Apt # _____

Method of delivering notice forms (e.g. delivery to units, delivery to mailboxes of units) _____

Name of person delivering notices _____

Signature of person delivering notices _____ Date of Delivery _____

RENOVATION NOTICE

— For required notifying of tenants during renovations in common areas of multi-family housing.

The following renovation activities will take place in the following locations:

Activity (e.g., sanding, window replacement)

Location (e.g., lobby, recreation center)

The expected **starting date** is _____ and the expected **ending date** is _____.

Because this is an older building built before 1978, some of the paint disturbed during the renovation may contain lead.

You may obtain a copy of the pamphlet, *Renovate Right*, by telephoning me at _____ or the above phone number.

Please leave a message and **be sure to include your name, phone number and address.** I will either mail you a pamphlet or slide one under your door.

Printed name of renovator

Signature of renovator

Date

AVISO DE RENOVACIÓN

— Para notificar a inquilinos sobre las renovaciones en áreas comunes de viviendas multifamiliares.

Las siguientes actividades de renovación se llevarán a cabo en estos lugares:

Actividad (ej.: lijado, sustitución de ventanas)

Lugar (ej.: vestíbulo, centro de recreo)

La fecha anticipada de comienzo es _____ y la fecha anticipada de terminación es _____.

Puesto que se trata de un edificio construido antes de 1978, parte de la pintura alterada en la renovación puede contener plomo.

Puede obtener una copia del folleto, *Remodelar correctamente*, llamándome al _____.

Por favor, deje un mensaje **incluyendo su nombre, número de teléfono y dirección**. Le enviaré un panfleto por correo o lo deslizaré por debajo de su puerta.

Nombre del renovador (en letra de imprenta)

Firma del renovador

Fecha

On-The-Job Worker Renovation Training Log (Massachusetts)

No person under the age of 18 years shall be employed to work on any Renovation Project.

Name of Lead-safe Renovation Contractor: _____

Date and Location of Renovation: _____

Name of Lead-safe Renovator-supervisor: _____

Signature of Lead-safe Renovator-supervisor: _____

It is strongly recommended that you use *Steps to LEAD SAFE Renovation, Repair and Painting* as a training guide outside of the classroom in conjunction with on-the-job demonstrations and hands-on training.

Name of Trained Worker _____ Training Date _____ Lead-safe Renovator-supervisor 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"/> Avoiding spread of dust to adjacent areas <input type="checkbox"/> Waste handling <input type="checkbox"/> Post-renovation cleaning <input type="checkbox"/> OSHA subjects at 29 CFR 1926.62(1)(2)
Name of Trained Worker _____ Training Date _____ Lead-safe Renovator-supervisor 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"/> Avoiding spread of dust to adjacent areas <input type="checkbox"/> Waste handling <input type="checkbox"/> Post-renovation cleaning <input type="checkbox"/> OSHA subjects at 29 CFR 1926.62(1)(2)
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On-The-Job Worker Renovation Training Log (Massachusetts)

No person under the age of 18 years shall be employed to work on any Renovation Project.

Signature of Lead-safe Renovator-supervisor: _____

Name of Trained Worker _____ Training Date _____ Lead-safe Renovator-supervisor 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"/> Avoiding spread of dust to adjacent areas <input type="checkbox"/> Waste handling <input type="checkbox"/> Post-renovation cleaning <input type="checkbox"/> OSHA subjects at 29 CFR 1926.62(1)(2)
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Post-Renovation Cleaning Verification

Firm name and Certification Number: _____

Location of Renovation: _____

Name of Assigned Renovator: _____

Brief Description of Work Area: _____

Floors carpeted _____ SqFt of Uncarpeted Floors _____ SqFt of Countertops _____ #Window sills

A Certified Lead-safe Renovator-supervisor or a Licensed Deleader-supervisor must perform a visual inspection

Visual Inspection Was Successful. No dust, debris or residue is present. (*on surfaces in and below the work area, including windowsills and the ground –exterior*). interior exterior re-cleaning was required

Post clearance verification

EPA Post-Renovation Cleaning Verification Card Comparison

The Certified Lead-safe Renovator-supervisor or Licensed Deleader-supervisor verified each windowsill, uncarpeted floors and countertops in the work area. If the floor and countertop surface within the work area is greater than 40 square feet, the surface within the work area must be divided into roughly equal sections that are each less than 40 square feet.

Sections were roughly divided into: # _____ -- _____ Square Foot sections.

Work Area Adequately Cleaned. — # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Dust wipe testing (*required in HUD housing*) as prescribed by 105 CMR 460.170 and associated dust wipe protocols was used for post clearance verification, *in lieu* of the method set forth in 454 CMR 22.92: *Appendix 2.- (see CLP policy 14A)*

Number of wipes: _____ Floors _____ Window Well _____ Window sills _____ Blank

The level of lead in dust is measured in micrograms per square foot (ug/ft²). For post-deleading clearance requirements, **TOTAL** lead dust levels must be:

- ✓ Floor..... Less than 40 ug/ft²
- ✓ Window Sill..... Less than 250 ug/ft²
- ✓ Window Well..... Less than 400 ug/ft²

Work Area passes the Lead Dust Monitoring levels set forth at 105 CMR 460.170. (Attach report)

Name of Inspector and License Number: _____

I certify under penalty of law that the above information is true and complete.

Name and title

Date

PROCEDURES FOR POST-RENOVATION CLEANING VERIFICATION

I. Interiors.

(i) A Certified Lead-safe Renovator-supervisor or a Licensed Deleader-supervisor must perform a visual inspection to determine whether dust, debris or residue is still present. If dust, debris or residue is present, these conditions must be removed by re-cleaning and another visual inspection must be performed.

(ii) After a successful visual inspection, the Certified Lead-safe Renovator-supervisor or Licensed Deleader-supervisor must:

(A) Verify that each windowsill in the work area has been adequately cleaned, using the following procedure:

(1) Wipe the windowsill with a wet disposable cleaning cloth that is damp to the touch. If the cloth matches or is lighter than the cleaning verification card, the windowsill has been adequately cleaned.

(2) If the cloth does not match and is darker than the cleaning verification card, re-clean the windowsill as directed 454 CMR 22.11(9)(f), then either use a new cloth or fold the used cloth in such a way that an unused surface is exposed, and wipe the surface again. If the cloth matches or is lighter than the cleaning verification card, that windowsill has been adequately cleaned.

(3) If the cloth does not match and is darker than the cleaning verification card, wait for one hour or until the surface has dried completely, whichever is longer.

(4) After waiting for the windowsill to dry, wipe the windowsill with a dry disposable cleaning cloth. After this wipe, the windowsill has been adequately cleaned.

(B) Wipe uncarpeted floors and countertops within the work area with a wet disposable cleaning cloth. Floors must be wiped using an application device with a long handle and a head to which the cloth is attached. The cloth must remain damp at all times while it is being used to wipe the surface for post-renovation cleaning verification. If the surface within the work area is greater than 40 square feet, the surface within the work area must be divided into roughly equal sections that are each less than 40 square feet. Wipe each such section separately with a new wet disposable cleaning cloth. If the cloth used to wipe each section of the surface within the work area matches or is lighter than the cleaning verification card, the surface has been adequately cleaned.

(1) If the cloth used to wipe a particular surface section does not match the cleaning verification card, re-clean that section of the surface as directed at 454 CMR 22.11(9)(f), then use a new wet disposable cleaning cloth to wipe that section again. If the cloth matches the cleaning verification card, that section of the surface has been adequately cleaned.

(2) If the cloth used to wipe a particular surface section does not match the cleaning verification card after the surface has been re-cleaned, wait for one hour or until the entire surface within the work area has dried completely, whichever is longer.

(3) After waiting for the entire surface within the work area to dry, wipe each section of the surface that has not yet achieved post-renovation cleaning verification with a dry disposable cleaning cloth. After this wipe, that section of the surface has been adequately cleaned.

(iii) When the work area passes the post-renovation cleaning verification, remove the warning signs.

II. Exteriors.

(i) A Certified Lead-safe Renovator Supervisor or a Licensed Deleader-supervisor must perform a visual inspection to determine whether dust, debris or residue is still present on surfaces in and below the work area, including windowsills and the ground. If dust, debris or residue is present, these conditions must be eliminated and another visual inspection must be performed. When the area passes the visual inspection, remove the warning signs.

EPA Post-Renovation Cleaning Verification Card Comparison

Firm name and Certification Number: _____

Location of Renovation: _____

Name of Assigned Renovator: _____

Brief Description of Work Area: _____

Floors carpeted _____ SqFt of Uncarpeted Floors _____ SqFt of Countertops _____ #Window sills

Total # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

EPA Post-Renovation Cleaning Verification Card Comparison

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

EPA Post-Renovation Cleaning Verification Card Comparison

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely (whichever was longer),

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

Verification Location # ____ windowsill (entire) uncarpeted floor countertop _____sf surface section

Check all that apply: Wiped with Wet Disposal Cleaning Cloth # 1 Re-cleaned Wiped with Wet Disposal Cleaning Cloth # 2

Re-cleaned, waited one hour or until the entire surface within the work area has dried completely,(whichever was longer).

Wiped the windowsill with a dry disposable cleaning cloth

Result: **Adequately cleaned.** # of _____ Wet Cloths Used: # of _____ Dry Cloths Used

