

**Policy and Procedures for compliance with  
HUD Lead-Safe Housing Rule, 24 CFR part 35 & EPA Lead-Based Paint RRP Rule, 40 CFR part 745  
as adopted by the City of Columbia for the Disaster Recovery Program**

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## 1. OVERVIEW

The workflow procedures contained in this document are to be used in implementing the City of Columbia's Lead-Based Paint policies. These procedures were developed to ensure that the City's disaster recovery programs are carried out in compliance with 24 CFR Part 35, which is commonly referred to as HUD's Lead-Safe Housing Rule (LSHR) and 40 CFR Part 745, which is commonly referred to as EPA's Lead-Based Paint Renovation, Repair, and Painting (RRP) Rule.

## 2. DESCRIPTION OF PROGRAM EVALUATION and COMPLIANCE TOOLS

The following forms will be used to track overall compliance and to document the steps that were taken to apply LSHR regulations to CDBG/DR housing projects. Some of these forms will be utilized by assigned staff to help determine the level of testing and remediation that is necessary for each project in order to meet requirements of the LSHR.

- A. LSHR Compliance Checklist [Exhibit-3] – This form will be used to document the completion of certain tasks in order to comply with the Lead Safe Housing Rule. Assigned staff shall use this form starting with applicant intake up until final closeout in order to record receipt of required documentation.
- B. LSHR Applicability Form [Exhibit-4] – This form will be used by assigned staff as an initial assessment tool in order to determine if the LSHR applies to each project. Staff shall perform this assessment immediately following approval for applicant to participate in the CDBG/DR program. This form may require periodic updates based upon results of any required lead paint testing.
- C. Lead Safe Housing Requirements Screening Worksheet Parts 1 thru 4 [Exhibit-5] – These forms will be completed by assigned staff immediately after required lead paint testing has been performed on pre-1978 housing and after initial inspection/assessment of damage has been completed at property. Parts 1 thru 2 shall be completed prior to completing scope of work. Parts 3 thru 4 shall be completed after scope of work and cost estimate have been finalized. Staff will use the "Calculating Level of Rehabilitation Assistance: Worksheet 1 Single Family Unit" form [Exhibit-8] or the "Calculating Level of Rehabilitation Assistance: Worksheet 2 thru 3 Multi Family" forms [Exhibit-9] to determine hard cost and the required level of hazard reduction [See chart- Exhibit-2].
- D. Lead-Based Paint Evaluation Notice [Exhibit-6] – This form will be used by assigned staff to notify applicant of any LBP Evaluation that is performed at Applicant's home. A copy of the evaluation /report along with this notice will be delivered to and receipt noted by applicant within fifteen days of Staff receiving report from LBP testing company [\*If subject property is rental unit, then all Tenants must sign for receipt of LBP Evaluation Notice and receive copy of evaluation/report].
- E. Lead Based Paint Relocation Screening Sheet for projects with Lead Hazard Reduction Activities [Exhibit-7] – This form will be used by assigned staff to determine if Applicant's relocation will be necessary as a result of addressing any lead-based paint hazards in the home.
- F. Calculating Level of Rehabilitation Assistance: Worksheet #1 Single-Family Unit [Exhibit-8] - This form will be used by assigned staff to calculate the "hard cost" of repairs to single-family housing in order to determine level of lead hazard reduction activities required to comply with the LSHR.
- G. Calculating Level of Rehabilitation Assistance: Worksheet #2 Multi-Family – All units Federally Assisted [Exhibit-9] - These form will be used by assigned staff to calculate

the “hard cost” of repairs to Multi-Family unit housing in order to determine level of lead hazard reduction activities required to comply with the LSHR.

- H. Re-Occupancy Authorization [Exhibit-10]- This form will be used by Assigned staff to notify any Applicant that was temporarily relocated due to LBP hazard remediation activities, that it is safe to return home. A copy of the LBP Clearance Test along with an LBP Evaluation Notice will be included with this notice.
- I. Protection of Occupants’ Belongings & Worksite Preparation for Projects with Lead Hazard Reduction Activities [Exhibit-11] - This form is to be filled out by Contractor performing LBP hazard remediation work and returned to assigned staff prior to final payment/closeout of project. This form is used to document Contractor’s methods used to protect occupant belongings and methods used to secure the site during LBP hazard remediation activities.
- J. Lead Based Paint Renovation Recordkeeping Checklist [Exhibit-12] – This form is to be filled out by Contractor performing LBP hazard remediation work and returned to assigned staff prior to final payment/closeout of project. This checklist form is used to document steps taken by Contractor to insure that site was secure, proper containment was in place, and site was thoroughly cleaned as part of the LBP hazard remediation activities.
- K. Lead Based Paint Post Construction Safe Work Practices Certification [Exhibit-13]- This form is to be filled out by Contractor performing LBP hazard remediation work and returned to assigned staff prior to final payment/closeout of project. This form is used to document that workers used Safe Work Practices during LBP hazard remediation activities.
- L. Lead-Based Paint Contractor/Employee Certification of Worker Training [Exhibit-14]- This form is to be filled out by Contractor performing LBP hazard remediation work and returned to assigned staff prior to final payment/closeout of project. This form is completed by the Contractor after all work is complete and is used to document that all persons who worked on the rehabilitation project were properly qualified to do LBP hazard remediation work.
- M. Lead-Based Paint – Ongoing Monitoring Schedule for Rental Property [Exhibit-15]- This form will be filled out by assigned staff and given to Applicant / Owner of any rental property where lead-based paint has not been abated. Staff shall encourage Applicant /Owner to perform the recommended LBP re-assessments on the dates as listed on this document.

### 3. PROCESS

- A. Initial Intake – Prior to meeting with applicant, assigned staff will obtain information from Richland County Tax Assessor’s records to determine the approximate year as to when applicant’s house was built. During the first meeting with applicant/owner of housing built prior to 1978, Staff will provide applicant with the “Protect Your Family From Lead in Your Home” and “The Lead-Safe Certified Guide To Renovate Right” brochures [Exhibit-1] and obtain signature(s) for receipt of brochures from applicant. Staff shall verify that the applicant has listed the names and ages of all occupants of the home on applicants’ initial application for assistance in the CDBG/DR program.

Exhibit-1



B. Documenting the Compliance Checklist

Assigned staff shall use the Compliance Checklist to track the steps that are required to comply with the LSHR and verify that all documentation is in electronic and hard files.

C. Evaluation of Properties

Assigned staff shall use the LSHR Applicability form and Screening Worksheets to determine if the property or project are exempt from the Rule.

- If upon initial view, the project is determined to be exempt from the Rule, staff will fill out and sign the LSHR Applicability Form listing approximate date home was constructed as determined by tax documents. Attach tax document/information to form and place in file.
- If the project is initially not exempt from the rule, staff shall proceed with obtaining lead-based paint test results in order to make a determination on required activity. Initial work write-up is forwarded to testing company to assist with determining area(s) to be tested for lead-based paint. An EPA certified Risk Assessor performs testing following EPA guidelines and forwards results to assigned staff. Upon receipt of test results, staff use the Screening Worksheet(s) to determine if project is exempt from the LSHR.
- If project is exempt after testing, staff will fill out and sign LSHR Applicability form, sign all applicable Screening Worksheets, and attach lead-based paint test

result documentation to the Screening Worksheets. Staff will fill out “Lead-based Paint Evaluation Notice” and forward notice and a copy of the LBP Risk Assessment to applicant. The applicant signs for receipt of all documents within fifteen days after staff receives results from LBP testing Company.

- If project is not exempt after testing, staff will fill out the “Lead-Based Paint Relocation Screening Sheet for projects with Lead Hazard Reduction Activities” sheet and “LBP Evaluation Notice” and forward to applicant along with copy of Risk Assessment and obtain signatures prior to placing documents in file(s).
- If project is not exempt after testing, staff will place the signed LSHR Applicability form, signed applicable Screening Worksheets, test results, signed Lead-Based Paint Evaluation Notice”, and “Lead-Based Paint Relocation Screening Sheet for projects with Lead Hazard Reduction Activities” sheet in project file(s) and move forward with addressing any lead-based paint hazards noted on Risk Assessment [lead-paint test] as required by the LSHR.

D. Updating Work Write-up- Assigned staff will update the initial work write-up to include activities required to address all lead-paint **hazards** as listed in Risk Assessment.

E. Calculating Federal Rehabilitation Assistance

After the scope of work has been updated to include lead-paint hazard reduction requirements and the cost estimate for repairs, assigned staff will use the “Calculating Level of Federal Rehabilitation Assistance” worksheet(s) [Exhibit-8: Single-family, Exhibit-9: Multi-family] to determine the total rehabilitation hard cost. The hard cost is then used to determine the level of hazard reduction that is required under the LSHR [see Exhibit-2].

## Exhibit-2

### Level of Lead Hazard Reduction Activities

1. Property receiving less than or equal to \$5,000 per unit	Pre-1978	<ul style="list-style-type: none"> <li>• Safe work practices in rehab.</li> <li>• Repair disturbed paint.</li> <li>• Clearance of the worksite.</li> </ul>
2. Property receiving more than \$5,000 and up to \$25,000	Pre-1978	<ul style="list-style-type: none"> <li>• Risk assessment.</li> <li>• Interim controls.</li> </ul>
3. Property receiving more than \$25,000 per unit	Pre-1978	<ul style="list-style-type: none"> <li>• Risk assessment.</li> <li>• Abatement of LBP hazards.</li> <li>• Interim controls allowed for exterior only as listed at 35.930(d)(3)</li> </ul>

F. Bid Solicitation

Assigned staff will prepare bid package which includes the work write-ups, instructions to bidders, a list of required licenses and certifications, and copies of all environmental testing results. All Companies bidding must be EPA Lead-Based Paint Certified Firms whenever bidding on repairs to housing containing lead-based paint. EPA certified Lead-Based Paint Asbestos Abatement Contractors are required for all LBP projects where hard cost exceeds \$25,000 per unit. EPA Lead-Based Paint Certified Renovators are required for all LBP projects where hard cost is less than \$25,000 but more than \$5,000. HUD approved Lead-Safe Practices training is required for all workers on projects where hard cost is less than \$5,000.

G. Verification of Lead Remediation Contractor Certifications

Companies/Contractors are required to submit copies of their licenses and certifications during their initial application to participate in the City's CDBG/DR program. Assigned staff shall maintain bid list to insure that all licenses and certifications are received during initial application. Bid list shall clearly designate companies that are EPA Lead-Based Paint Certified Firms. Prior to award of any construction contract, Staff shall verify that all licenses and certifications are currently up to date.

H. Monitoring Lead Remediation Work

Assigned staff shall perform weekly monitoring of site to insure that containment/protection measures are in place and that home remains vacant during environmental remediation work.

I. Lead Clearance Examinations

At the completion of all repairs, assigned staff will contact a third party testing company to conduct a lead-based paint clearance examination. An EPA Certified Lead-Based Paint Risk Assessor will conduct the clearance examination following EPA guidelines to ensure that the site is safe for the occupants to return to the home. Once clearance is obtained, Staff shall fill out "Re-Occupancy Authorization" form [Exhibit-10] and "Lead-based Paint Evaluation Notice" form [Exhibit-6] and attach copy of clearance examination test results to the form. A copy of previously mentioned documents shall be delivered to applicant, with receipt of notice, within fifteen days from Staff's receipt of test results. Copies of all previously mentioned documents shall be placed in file.

J. Contractor Paperwork

After LBP Clearance is achieved, assigned staff shall confirm receipt of the following documents to be provided by Contractor prior to final payment / closeout of project:

- Protection of Occupants' Belongings & Worksite Preparation for Projects with Lead Hazard Reduction Activities [Exhibit-11]
- Lead Based Paint Renovation Recordkeeping Checklist [Exhibit-12]
- Lead Based Paint Post Construction Safe Work Practices Certification [Exhibit-13]
- Lead-Based Paint Contractor/Employee Certification of Worker Training [Exhibit-14]

#### **4. QUALIFICATIONS for LBP HAZARD EVALUATORS**

Lead-based Paint Inspectors and Risk Assessors must be EPA certified to conduct evaluations. Staff assigned to field inspections shall possess HUD's "Lead-Based Paint Visual Assessment Certification". The following specific certification requirements apply to EPA certified evaluators (from 40 CFR 745.226):

Certified Paint Inspectors must:

- Successfully complete an EPA accredited training program;
- Pass the exam required by the certifying authority;
- Apply for and be certified by the EPA.

Risk assessors must:

- Successfully complete an EPA accredited training program;
- Pass the exam required by the certifying authority;
- Apply for and be certified by the EPA;

Clearance must be performed by the following:

- EPA Certified Risk Assessor;
- EPA Certified Lead-based Paint Inspector;

## 5. Exhibits 3-15

### Exhibit-3

#### LEAD-SAFE HOUSING RULE CHECKLIST for GENERAL COMPLIANCE DOCUMENTATION

##### Property Address:

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(Program participants can use this checklist as a guide for determining whether or not they are proceeding in a manner required by the LSHR, and that they are maintaining documentation for each CPD-assisted project. Field Office staff can use the checklist as a means for familiarizing themselves with the kinds of documentation that should be maintained in order to demonstrate LSHR compliance. Compliance with the program-specific requirements may not be substantiated solely by the documents included on this general checklist. Additional guidance is provided as referenced in the checklist.)

As appropriate, the following documents should be maintained in CPD-assisted project files for properties constructed before January 1, 1978, in order to demonstrate general knowledge and compliance with basic LSHR requirements. Standard forms are available in the Federal Register (FR), as indicated by the sources noted below. Citations from 24 CFR part 35 are also provided as additional references.

\_\_\_\_\_ **Applicability Form** [§35.115] – A copy of a statement indicating that the property is covered by or exempt from \_\_\_\_\_ Lead Safe Housing Rule. <sup>1</sup>

(Note: (A) If the property is exempt, the file should include the reason for the exemption and no further documentation is \_\_\_\_\_ required; (B) if the property is covered by the Rule, the file should include the appropriate documentation to indicate basic \_\_\_\_\_ compliance, as listed below.)

\_\_\_\_\_ **Summary Paint Testing Report or Presumption Notice** [§35.930(a)] – A copy of any report to indicate the \_\_\_\_\_ presence of lead-based paint (LBP) for projects receiving up to \$5,000 per unit in rehabilitation assistance. If no \_\_\_\_\_ testing was performed, then LBP is presumed to be on all disturbed surfaces. <sup>2</sup>

\_\_\_\_\_ **Risk Assessment Report** [§35.930(c)(2)] – A copy of a report (in addition to the requirements of §35.930(a)) to \_\_\_\_\_ indicate any presence of lead-based paint hazards for projects receiving more than \$5,000 per unit in \_\_\_\_\_ rehabilitation assistance. <sup>4</sup> (Note: If the property receives more than \$25,000 in assistance, more stringent requirements \_\_\_\_\_ apply, including compliance with applicable state requirements, as appropriate. [See §35.930(d)].

\_\_\_\_\_ **Notice of Evaluation** [§35.125(a)] – A copy of a notice demonstrating that an evaluation summary was provided to residents following a lead-based-paint inspection, risk assessment or paint testing. <sup>3,4</sup>

\_\_\_\_\_ **Clearance Report** [§35.930(b)(3)] – A report indicating a “clearance examination” was performed of the work- \_\_\_\_\_ site upon completion.

\_\_\_\_\_ **Notice of Hazard Reduction Completion** [§35.125(b)] – Upon completion, a copy of a notice to show that a LBP \_\_\_\_\_ remediation summary was provided to residents. <sup>5</sup>

Source: Federal Register (FR), 64 FR 50139-50231, published September 15, 1999 -- Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance. The appendices are on pages 50230-50231.

<sup>1</sup> LSHR Regulation Applicability Form (See Attachment B to this memorandum.)

<sup>2</sup> Appendix C--Sample Summary Presumption Notice Format

<sup>3</sup> Appendix A--Sample Summary Inspection Notice Format

<sup>4</sup> Appendix B--Sample Summary Risk Assessment Notice Format

<sup>5</sup> Appendix D--Sample Hazard Reduction Completion Notice Format



## Exhibit-4

### LEAD-SAFE HOUSING RULE -- APPLICABILITY FORM

Address/location of subject property:

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#### Regulation Eligibility Statements (check all that apply):

☐ Property is receiving Federal funds.

☐ Unit was built prior to 1978. [attach support document(s) if available]

Note: If both Eligibility Statements above have been checked, continue with the Exemption Statements below. Otherwise, the regulation does not apply, sign and date the form.

#### Regulation Exemption Statements [24 CFR 35.115] (check all that apply):

☐ Emergency repairs to the property are being performed to safeguard against imminent danger to human life, health or safety, or to protect the property from further structural damage due to natural disaster, fire or structural collapse. The exemption applies only to repairs necessary to respond to the emergency.

☐ The property will not be used for human residential habitation. This does not apply to common areas such as hallways and stairways of residential and mixed-use properties.

☐ Housing "exclusively" for the elderly or persons with disabilities, with the provision that children less than six years of age will not reside in the dwelling unit.

☐ An inspection performed according to HUD standards found the property contained no lead-based paint.

☐ According to documented methodologies, lead-based paint has been identified and removed; and the property has achieved clearance.

☐ The rehabilitation will not disturb any painted surface.

☐ The property has no bedrooms.

☐ The property is currently vacant and will remain vacant until demolition.

**If any of the above Exemption Statements have been checked, the Regulation does not apply. In all cases, sign and date the form.**

I, \_\_\_\_\_, certify that the information listed above is true and accurate to the best of my knowledge.  
(print name)

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Exhibit-5

### LEAD SAFE HOUSING REQUIREMENTS SCREENING WORKSHEET

This worksheet should be placed in the project file for any residential property that is assisted with Federal funds. Parts 1 and 2 should be completed for all projects. Parts 3 and 4 should be completed for rehabilitation projects.

Property Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_

#### **Part 1: Exemptions from All Requirements of 24 CFR Part 35**

If the answer to any of the following questions is yes, the property is exempt from the requirements of 24CFR Part 35. The regulatory citation of each exemption is cited as additional guidance.

- ❖ Was the property constructed after January 1, 1978? [35.115(a)(1)] ☐ YES ☐ NO
- ❖ Is this a zero-bedroom unit? (e.g. SRO, efficiency) [35.115(a)(2)] ☐ YES ☐ NO
- ❖ Is this dedicated elderly<sup>1</sup> housing? (i.e. over age 62) [35.115(a)(3)] ☐ YES ☐ NO
- ❖ Is this housing dedicated for the disabled<sup>2</sup>? [35.115(a)(3)] ☐ YES ☐ NO
- ❖ Has a paint inspection conducted in accordance with 35.1320(a) established that the property is free of lead-based paint? [35.115(a)(4)] ☐ YES ☐ NO
  - The date of the original paint inspection was \_\_\_\_\_. An optional paint inspection conducted on \_\_\_\_\_ confirmed this prior finding.
- ❖ Has all lead-based paint in the property been identified and removed, and has clearance been achieved as cited below? [35.115(a)(5)] ☐ YES ☐ NO
  - Clearance was achieved prior to September 15, 2000, and the work was done in accordance with 40CFR Part 745.227(b). ☐ YES ☐ NO
  - Clearance was achieved after September 15, 2000, and the work was done in accordance with 24CFR Part 35.1320, 1325 and 1340. ☐ YES ☐ NO
- ❖ Will a currently vacant unit remain vacant until it is demolished? [35.115(a)(6)] ☐ YES ☐ NO
- ❖ Is the property used for non-residential purposes?<sup>3</sup> [35.115(a)(7)] ☐ YES ☐ NO
- ❖ Will rehab **exclude** disturbing painted surfaces? [35.115(a)(8)] ☐ YES ☐ NO
- ❖ Are emergency actions immediately necessary to safeguard against imminent danger to human life, health or safety, or, to protect the property from further structural damage? (e.g. after natural disaster or fire) [35.115(a)(9)] ☐ YES ☐ NO
- ❖ Will the unit be occupied for less than 100 days under emergency leasing assistance to an eligible household?<sup>4</sup> [35.115(a)(11)] ☐ YES ☐ NO

## **Part 2: Limited Exemptions from Specific Hazard Reduction Requirements**

The HUD Final Rule allows for limited exemptions from specific requirements due to the characteristics of the rehabilitation work, the structure or the occupants. If the answer to any of the following questions is yes, the grantee and/or occupant may waive certain requirements as described below.

- ❖ Is the amount of painted surface that is being disturbed below “de minimis” levels, as defined below? If so, safe work practices and clearance are not required in that work area.
  - Less than 20 square feet on an exterior surface [35.1350(d)(1)] ☐ YES ☐ NO
  - Less than 2 square feet in any single interior room [35.1350(d)(2)] ☐ YES ☐ NO
  - Less than 10% of surface area of an interior/exterior component [35.1350(d)(3)] ☐ YES ☐ NO
- ❖ Is the unit occupied by an elderly person(s)? If so, relocation of the elderly occupant(s) is not required if complete disclosure of the nature of the work is provided and informed consent is obtained prior to rehabilitation.<sup>5</sup> ☐ YES ☐ NO
- ❖ Is a unit that is subject to abatement requirements listed or eligible for listing on the National Register of Historic Places, or does it contribute to a National Register Historic District? If so, the State Historic Preservation Office may request that interim controls be implemented rather than abatement. On-going maintenance and re-evaluation is required. [35.115(13)] ☐ YES ☐ NO

I have evaluated the site and property, the work specifications, and interviewed the occupants. In my professional opinion, this unit qualifies for the indicated exemption(s).

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Signature

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Date

<sup>1</sup> Defined as retirement communities or similar types of housing reserved for households composed of one or more persons over age 62, or other age if recognized by a specific Federal housing assistance program. However, if a child under age 6 resides or is expected to reside in such a unit, the unit is not exempt.

<sup>2</sup> The housing must be a residential property designated exclusively for persons with disabilities, defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of impairment, or is regarded by others as having such an impairment. However, if a child under age 6 resides or is expected to reside in such a unit, the unit is not exempt.

<sup>3</sup> Except that spaces such as entryways, hallways, stairways, etc. serving both residential and non-residential uses in a mixed-use property are not exempt.

<sup>4</sup> When a household is provided short-term emergency leasing assistance and will occupy a unit for less than 100 days, the unit is exempt from lead paint regulations. This emergency leasing exemption is attached to the unit, not the family, and is a one-time exemption. After being assisted for a total of 100 consecutive days, the unit becomes subject to regular Subpart K requirements. Multiple families cannot be cycled through the same unit at intervals of less than 100 days under this exemption.

<sup>5</sup> HUD Interpretive Guidance, April 16, 2001, question # J-24.

**LEAD SAFE HOUSING REQUIREMENTS SCREENING WORKSHEET**  
**Addendum for Rehabilitation Projects**  
**Parts 3 and 4**

**Parts 3 and 4 of this worksheet should be completed for any residential property that is to undergo rehabilitation with Federal funds. The completed form should be placed in the project file with Parts 1 and 2.**

Part 3: Per Unit Level of Rehabilitation Assistance

A. Average Federal Funding Per Unit	\$ _____
B. Average Per Unit Rehabilitation Hard Costs (not including costs of lead hazard evaluation and reduction)	\$ _____
C. Lower of A or B	\$ _____

Part 4: Approach Required (Based on answer to 3.C., above)

\$0 – \$5,000	_____ Do No Harm (Test & Repair)
\$5,001 - \$25,000	_____ Identify and Control Lead Hazards
\$25,001 and above	_____ Identify and Abate Lead Hazards

Calculated by \_\_\_\_\_  
Print Name Date

I have evaluated the site, the specifications, estimated the rehab hard costs and interviewed the occupants. In my professional opinion, this project meets the above requirement for federal lead hazard reduction under 24 CFR Part 35.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit-6****LEAD-BASED PAINT EVALUATION NOTICE**

Address/location of property or structure(s) this summary notice applies to:

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Lead-based paint assessment type (circle one):

Paint Testing  
Clearance Testing

Risk Assessment

Assumption

Date of assessment: \_\_\_\_\_

Summary of assessment results (check all that apply):

- a) ☐ No lead-based paint hazards were found.
- b) ☐ Lead-based paint hazards were found.
- c) ☐ Lead-Based Paint hazards are assumed present
- d) ☐ A brief summary of the findings of the assessment is provided below (required if any lead-based paint hazards were found).

Summary of types and locations of lead-based paint hazards. List at least the housing unit numbers and common areas (for multifamily housing), 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:

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Person who prepared this summary:

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Contact person for more information about the risk assessment:

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Address:** \_\_\_\_\_

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## Exhibit-7

### Lead Based Paint Relocation Screening Sheet for projects with Lead Hazard Reduction Activities

Property Address:

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Homeowner(s):

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Relocation for this project is: (check one)

\_\_\_\_\_ Required (All items listed in Section A will be performed and appropriate documents will be attached)

\_\_\_\_\_ Not required due to circumstances listed in Section B

Note: If circumstances change during the course of City's involvement with above-mentioned property, relocation may be required!

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- A. Relocation of occupants is required and the following activities will occur for occupant protection:
- Occupant(s) will not be permitted to enter the worksite during hazard reduction activities.
  - Occupant(s) will temporarily relocate to a lead-safe unit before and during hazard reduction activities for their own safety and protection
  - Dwelling unit and worksite will be secured against unauthorized entry
  - Occupant(s) belongings located in a containment area will be relocated to a secure area outside the containment area or will be covered with appropriate materials
- B. Relocation of occupant(s) is not required due to the following circumstances:
- Work will not disturb lead-based paint or involve any lead dust hazard reduction activities
  - Work in the interior of the unit will be completed within one period in eight daytime hours, the site will be contained, and the work will not create other safety, health, or environmental hazards
  - Only the building's exterior will be treated, the windows, doors, ventilation intakes, and other openings near the worksite will be sealed during hazard reduction activities and cleaned afterward; and a lead-free entry will be provided
  - Treatment will be completed within five calendar days; the work area will be sealed; at the end of each day, the area within 10 feet of the containment area will be cleared of debris and cleaned; at the end of each day, occupants will have safe access to sleeping areas, bathroom, and kitchen facilities; and treatment will not create other safety, health, or environmental hazards
  - Occupants are elderly and have signed an Elderly Waiver for Relocation (attached)

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Homeowner(s) Signature & Date

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City of Columbia [Representative] Signature & Date

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Co-owner(s) Signature & Date (if applicable)

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City [Representative] Printed Name & Job Title

## Exhibit-8

### Calculating Level of Rehabilitation Assistance: Worksheet #1 Single Family Unit

This worksheet should be used to calculate the level of assistance for single family units only. For assistance to multifamily units, see Worksheet #2 or #3.

To determine the level of rehabilitation assistance, remember to take the lower of Federal assistance per unit OR rehabilitation hard costs per unit.

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A. What is the total amount of federal assistance dollars contributed to the project?

\_\_\_\_\_

B. What are the total rehabilitation hard costs to this project? \_\_\_\_\_  
(To calculate hard costs, see page 2 of this worksheet)

C. Write the amount that is lower of question A or B above \_\_\_\_\_

D. Check appropriate category.

\_\_\_\_\_ < \$5,000 (Less than or equal to \$5,000)  
**Safe Work Practices and Work Site Clearance**

\_\_\_\_\_ >\$5,000 - < \$25,000 (Greater than \$5,000 but less than or equal to \$25,000)  
**Risk Assessment and Interim Controls**

\_\_\_\_\_ > \$25,000 (Greater than \$25,000)  
**Risk Assessment and Hazard Abatement**

**Single Family Unit  
Calculating Rehabilitation Hard Costs**

A. Enter the total job cost in line 1

1. Total Job Cost 1. \_\_\_\_\_

B. Enter the costs in each corresponding box for lines 2 through 14

2. Financing Fees 2. \_\_\_\_\_

3. Credit Reports 3. \_\_\_\_\_

4. Title Binders & Insurance 4. \_\_\_\_\_

5. Recordation Fees & Transaction Taxes 5. \_\_\_\_\_

6. Legal & Accounting Fees 6. \_\_\_\_\_

7. Appraisals 7. \_\_\_\_\_

8. Architectural & Engineering Fees 8. \_\_\_\_\_

9. Project Costs incurred by PJ directly related to the project 9. \_\_\_\_\_

10. Administrative Costs 10. \_\_\_\_\_

11. Relocation Costs 11. \_\_\_\_\_

12. Environmental Reviews 12. \_\_\_\_\_

13. Acquisition of the Property 13. \_\_\_\_\_

14. Lead Hazard Evaluation & Reduction Costs\* 14. \_\_\_\_\_

15. Other Soft Costs 15. \_\_\_\_\_

16. Total Soft Costs (add lines 2 through 15) 16. \_\_\_\_\_

**17. Total Rehabilitation Hard Costs**

(Line 1 – (minus) Line 16) (Enter this number as “B” on Page 1) 17. \_\_\_\_\_

\* Lead hazard evaluation and reduction costs include costs associated with site preparation, occupant protection, relocation, interim controls, abatement, clearance, and waste handling attributable to lead-based paint hazard reduction.

Calculating Level of Rehabilitation Assistance Worksheet #1 – page 2 of 2



## Exhibit-9

### Calculating Level of Rehabilitation Assistance: Worksheet #2 Multi Family—All units Federally Assisted

This worksheet should be used to calculate the level of assistance for **multi-family buildings** where **all** of the **units** are **federally assisted**. If dealing with a multi-family building where only *some* of the units are federally assisted, please use Worksheet #3.

*To determine the level of rehabilitation assistance, remember to take the lower of Rehabilitation hard costs per unit OR Federal assistance per unit.*

---

A. Are all units federally assisted? \_\_\_\_\_yes \_\_\_\_\_no  
If no, go to Worksheet #3.

B. What is the total amount of federal assistance dollars per unit? \_\_\_\_\_  
(Use the amount from line 3 from the calculation on page 2 of this worksheet.)

C. What are the total rehabilitation hard costs per unit? \_\_\_\_\_  
(Use the amount from line 6 from the calculation on page 2 of this worksheet.)

D. Write the amount that is lower of question B or C. \_\_\_\_\_

E. Check appropriate category.

\_\_\_\_\_ < \$5,000 (Less than or equal to \$5,000)  
**Safe Work Practices and Work Site Clearance**

\_\_\_\_\_ >\$5,000 - < \$25,000 (Greater than \$5,000 but less than or equal to \$25,000)  
**Risk Assessment and Interim Controls**

\_\_\_\_\_ > \$25,000 (Greater than \$25,000)  
**Risk Assessment and Hazard Abatement**

**Calculating Level of Rehabilitation Assistance: Worksheet #2**  
**Multi Family—All units Federally Assisted**

- |   |          |
|---|----------|
| 1. Federal Dollars in the Project                       | \$ _____ |
| 2. Number of Units in project                           | \$ _____ |
| 3. <b>Federal Assistance Per Unit</b> (line 1 ÷ line 2) | \$ _____ |
| 4. Rehab Hard Costs in the Project (line 23)            | \$ _____ |
| 5. Number of Units in project                           | \$ _____ |
| 6. <b>Rehab Hard Cost Per Unit</b> (line 4 ÷ line 5)    | \$ _____ |
| 7. Total Job Cost                                       | \$ _____ |

Enter the costs in each corresponding box for lines 8 through 20

- |   |          |
|---|----------|
| 8. Financing Fees   | \$ _____ |
| 9. Credit Reports   | \$ _____ |
| 10. Title Binders & Insurance                                       | \$ _____ |
| 11. Recordation Fees & transaction Taxes                            | \$ _____ |
| 12. Legal & Accounting Fees   | \$ _____ |
| 13. Appraisals  | \$ _____ |
| 14. Architectural & Engineering Fees                                | \$ _____ |
| 15. Project Costs incurred by PJ directly<br>related to the project | \$ _____ |
| 16. Administrative Costs  | \$ _____ |
| 17. Relocation Costs  | \$ _____ |
| 18. Environmental Reviews   | \$ _____ |
| 19. Acquisition of the Property                                     | \$ _____ |
| 20. Lead Hazard Evaluation & Reduction Costs*                       | \$ _____ |
| 21. Other Soft Costs  | \$ _____ |
| 22. Total Soft Costs (add lines 8 through 21)                       | \$ _____ |
| 23. Total Rehabilitation Hard Costs (line 7 minus line 22)          | \$ _____ |

\* Lead hazard evaluation and reduction costs include costs associated with site preparation, occupant protection, relocation, interim controls, abatement, clearance, and waste handling attributable to lead-based paint hazard reduction.

**Calculating Level of Rehabilitation Assistance: Worksheet #3**  
**Multi Family**—Projects that include both Federally-assisted and non-assisted units

This worksheet should be used to calculate the level of assistance **for multi-family buildings** where **some** of the units are **federally assisted**. If dealing with a multi-family building where *all* of the units are federally assisted, please use Worksheet #2.

*To determine the level of rehabilitation assistance, remember to take the lower of Rehabilitation hard costs per unit OR Federal assistance per unit.*

---

1 of 3

- A. What is the amount of federal assistance dollars per unit? \_\_\_\_\_  
(Use the amount from line 3 from the calculation on page 2 of this worksheet.)
- B. What are the total rehabilitation hard costs per unit? \_\_\_\_\_  
(Use the amount from line 10 from the calculation on page 2 of this worksheet.)
- C. Write the amount that is lower of question A or B. \_\_\_\_\_
- D. Check appropriate category

- \_\_\_\_\_ < \$5,000 (Less than or equal to \$5,000)  
**Safe Work Practices and Work Site Clearance**
- \_\_\_\_\_ >\$5,000 - < \$25,000 (Greater than \$5,000 but less than or equal to \$25,000)  
**Risk Assessment and Interim Controls**
- \_\_\_\_\_ > \$25,000 (Greater than \$25,000)  
**Risk Assessment and Hazard Abatement**

---

2 of 3

**Calculating Level of Rehabilitation Assistance: Worksheet #3**  
**Multi Family**—Projects that include both Federally-assisted and non-assisted units

- |  |           |
|--|-----------|
| 1. Federal Dollars in the Project  | 1. _____  |
| 2. Number of Units receiving assistance  | 2. _____  |
| 3. <b>Federal Assistance Per Unit</b> (line 1 ÷ line 2)  | 3. _____  |
| 4. Rehab hard costs for all assisted dwelling units<br>(not including common/exterior areas) (line 29) | 4. _____  |
| 5. Number of Federally assisted units in the project   | 5. _____  |
| 6. Dwelling unit costs (Line 4 ÷ line 5)   | 6. _____  |
| 7. Rehab hard costs for common areas and exterior surfaces (line 30)                                   | 7. _____  |
| 8. Total Number of units in the project  | 8. _____  |
| 9. Common Area Costs (Line 7 ÷ line 8)   | 9. _____  |
| 10. <b>Rehab Hard Costs Per Unit</b> (line 6 + line 9)   | 10. _____ |

**Calculating Level of Rehabilitation Assistance: Worksheet #3**  
**Multi Family**—Projects that include both Federally-assisted and non-assisted units

3 of 3

11. Total Job Cost 11. \_\_\_\_\_

Enter the costs in each corresponding box for lines 12 through 24.

12. Financing Fees 12. \_\_\_\_\_

13. Credit Reports 13. \_\_\_\_\_

14. Title Binders & Insurance 14. \_\_\_\_\_

15. Recordation Fees & transaction Taxes 15. \_\_\_\_\_

16. Legal & Accounting Fees 16. \_\_\_\_\_

17. Appraisals 17. \_\_\_\_\_

18. Architectural & Engineering Fees 18. \_\_\_\_\_

19. Project Costs incurred by PJ directly related to the project 19. \_\_\_\_\_

20. Administrative Costs 20. \_\_\_\_\_

21. Relocation Costs 21. \_\_\_\_\_

22. Environmental Reviews 22. \_\_\_\_\_

23. Acquisition of the Property 23. \_\_\_\_\_

24. Lead Hazard Evaluation & Reduction Costs\* 24. \_\_\_\_\_

25. Other Soft Costs 25. \_\_\_\_\_

26. Total Soft Costs (add lines 12 through 25) 26. \_\_\_\_\_

27. **Rehabilitation Hard Costs** (Line 11 – (minus) Line 26) 27. \_\_\_\_\_

28. Determine the percentage of costs attributable to dwelling units  
\_\_\_\_\_ % 28. \_\_\_\_\_

29. **Rehab hard costs for dwelling units (not including common/exterior areas)** (line 27 X line 28) 29. \_\_\_\_\_

30. **Rehab hard costs for common & exterior areas** (line 27– (minus) line 29) 30. \_\_\_\_\_

\* Lead hazard evaluation and reduction costs include costs associated with site preparation, occupant protection, relocation, interim controls, abatement, clearance, and waste handling attributable to lead-based paint hazard reduction.

## Re-Occupancy Authorization

**Applicant's Name**

**Property Address**

**Columbia, SC 29\_ \_ \_**

Dear Applicant:

### **RE: HAZARD REDUCTION COMPLETION NOTICE**

Your house successfully passed a clearance examination with confirmation received from (testing company) at (time) on (date).

You are hereby authorized to re-enter your house as of (time) on (date).

Sincerely,

---

**CDBG-DR Representative's Printed Name**

---

**CDBG-DR Representative's Signature**

Date: \_\_\_\_\_

**X**

---

**Applicant's Signature of Receipt of Re-Occupancy Notice**

---

**Date**

**Exhibit-11**

**Protection of Occupants' Belongings & Worksite Preparation for Projects with  
Lead Hazard Reduction Activities**

Homeowner: \_\_\_\_\_

Property Address: \_\_\_\_\_ + \_\_\_\_\_

Name of Individual Completing this Form: \_\_\_\_\_

Organization: \_\_\_\_\_ Date form Completed: \_\_\_\_\_

**Instructions: Check all activities performed to protect occupants' belongings and prepare the worksite.**

Whether or not relocation of occupants is required before & during lead hazard reduction activities, the worksite must be carefully prepared & occupants' belongings protected. Check all that apply.

- ☐ Occupants were appropriately notified that their belongings would be protected during the work and what, if anything, they would need to do to prepare the project.
- ☐ Occupants belongings in the containment area were (check one)
  - ☐ Relocated to a safe and secure area outside the containment area  
OR
  - ☐ Covered with an impermeable covering with all seams and edges taped or otherwise sealed
- ☐ Worksite was prepared to prevent the release of leaded dust, and contain lead-based paint chips and other debris from hazard reduction activities until they were safely removed. Practices that minimize the spread of leaded dust, paint chips, soil, and debris were used during worksite preparation.
- ☐ A warning sign was posted:
  - ☐ At each entry to a room where hazard reduction activities were conducted when occupants were present,  
OR
  - ☐ At each main and secondary entryway to a building from which the occupants had been relocated,  
OR
  - ☐ For any exterior hazard reduction work, where it was easily read 20 feet from the edge of the worksite.
- ☐ The warning sign was in:
  - ☐ The occupants' primary language, or
  - ☐ Another language [specify language, & why occupants' primary language was not used].  
\_\_\_\_\_
- ☐ Final clearance was achieved before occupants' belongings were uncovered or returned to the unit.

\_\_\_\_\_  
I certify under penalty of law that the above information is true and complete  
Printed Name, Job Title, & Company Name \_\_\_\_\_

\_\_\_\_\_  
Signature & Date

## Lead Based Paint Renovation Recordkeeping Checklist

Name of Firm: \_\_\_\_\_

Date and Location of Renovation: \_\_\_\_\_

Brief Description of Renovation: \_\_\_\_\_

Name of Assigned Renovator: \_\_\_\_\_

Name(s) of Trained Worker(s), if used: \_\_\_\_\_

Name of Dust Sampling Technician, Inspector, or Risk Assessor, if used: \_\_\_\_\_

\_\_\_\_ Copies of renovator and 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      \_\_\_\_ Waste handling

\_\_\_\_ Post-renovation cleaning to adjacent areas

\_\_\_\_ Test kit or test results from an EPA recognized laboratory on collected paint chip sample used by certified renovator to determine whether lead was present on components affected by renovation (identify method used, type of test kit used (if applicable), laboratory used to conduct paint chip analysis, 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 work area removed / covered (interior)

\_\_\_\_ HVAC ducts in work area closed and covered (interiors)

\_\_\_\_ Windows in the work area closed (interiors)

\_\_\_\_ Windows in/within 20' of work area closed & sealed (exteriors)

\_\_\_\_ Doors in the work area closed and sealed (interiors)

\_\_\_\_ Doors in/within 20' of work area closed & sealed (exteriors)

\_\_\_\_ Doors that must be used in the work area covered to allow passage but to prevent spread of dust to outside of work area

\_\_\_\_ Floors in the work area covered with taped-down plastic (interiors)

\_\_\_\_ Ground covered by plastic extending 10' from work area & anchored to building & weighed down by heavy objects (exteriors)

\_\_\_\_ Vertical containment installed if property line prevents 10' of ground covering, or if necessary to prevent migration of dust and debris to adjacent property (exteriors)

\_\_\_\_ Waste contained on-site & while transported off-site \_\_\_\_ Work site properly cleaned after renovation

\_\_\_\_ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal

\_\_\_\_ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloth's or mops (interiors)

\_\_\_\_ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloth's used):

\_\_\_\_ If dust clearance testing was performed instead of cleaning verification (attach copy of clearance report)

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

\_\_\_\_ Printed Name, Job Title, & Company Name

\_\_\_\_ Signature & Date

## Exhibit-13

### Lead Based Paint Post Construction Safe Work Practices Certification

I \_\_\_\_\_ (name) an employee of \_\_\_\_\_ (company), certify that we followed safe work practices on \_\_\_\_\_ (property address).

Items 1A-1D below were adhered to in compliance with Federal, State, and Local regulations except for in cases where the work was exempt from safe work practice requirements as described at Item 2 below.

Check Number 1 or 2 below to show compliance level used at above-listed property:

\_\_\_\_\_ 1. The following safe work practices were applied as appropriate:

A. The prohibited work methods listed below were not used:

- Open flame burning or torching
- Machine sanding or grinding without a high-efficiency particulate air (HEPA) local exhaust control
- Abrasive blasting or sandblasting without HEPA local exhaust control
- Heat guns operating above 1,100 degrees Fahrenheit, or those that operate high enough to char the paint
- Dry sanding or dry scraping [for exceptions to this rule see 24 CFR 35.140(e)]
- Paint stripping in a poorly ventilated space using a volatile stripper that is a hazardous substance in accordance with regulations of the Consumer Product Safety Commission at 16 CFR 1500.3 and/or a hazardous chemical in accordance with the Occupational Safety and Health Administration at 29 CFR 1010.1200 or 1926.59 as applicable to the work performed at the above-listed property

B. Protection of occupants and preparation of the worksite as described below:

- Occupant Protection
  - Occupants were not permitted to enter the worksite during hazard reduction activities until final clearance was achieved
  - Occupants were temporarily relocated before and during hazard reduction activities if necessary
  - Dwelling unit and worksite were secured against unauthorized entry and occupants belongings were protected from contamination by dust-lead hazards and debris during hazard reduction activities
  - Occupants belongings in a containment area were relocated to a secure area outside the containment area or were covered with appropriate materials
- Worksite Preparation
  - Worksite was prepared to prevent release of leaded dust and to contain lead-based paint chips and other debris [from the hazard reduction activities] to within the prepared worksite
  - A warning sign was posted at each entry to rooms where hazard reduction activities were conducted whenever occupants were present

C. Specialized cleaning after hazard reduction activities to include:

- Used HEPA vacuum cleaners or other method of equivalent efficacy
- Used lead-specific cleaning detergents or equivalents

D. Clearance of unit achieved before re-occupancy was permitted

\_\_\_\_\_ 2. Safe work practices and clearance were not required when activities do not disturb painted surfaces below the de minimus thresholds defined below:

- The maintenance or rehab. hazard reduction activities did not disturb painted surfaces that totaled more than:
  - 20 square feet on exterior surfaces
  - 2 square feet in any one interior room or space
  - 10 percent of the total surface area on an interior or exterior type of component with a small surface area such as windowsills, baseboards, and trim

\_\_\_\_\_  
Contractor Signature & Date

\_\_\_\_\_  
Assigned staff [City Representative] Signature & Date



## Exhibit-14

### Lead-Based Paint Contractor/Employee Certification of Worker Training

The use of this form is optional. It can be used after all work is complete to document that workers who worked on the rehabilitation project were properly qualified to do the work.

I, \_\_\_\_\_ [name], an employee of

\_\_\_\_\_  
[contractor or organization], certify that the employees listed below, who worked on the building located at \_\_\_\_\_ were properly trained to use safe work practices and to perform interim controls on a project known or presumed to have lead-based paint or lead-based paint hazards.

Proper training courses include the following. Each person listed below completed at least one of these courses.

- A lead-based paint abatement supervisor course accredited in accordance with 40 CFR 745.225;
- A lead-based paint abatement worker course accredited in accordance with 40 CFR 745.225;
- The Lead-Based Paint Maintenance Training Program- "Work Smart, Work Wet, & Work Clean to Work Lead Safe", prepared by the National Environmental Training Association for EPA & HUD;
- The "Remodeler's and Renovator's Lead-Based Paint Training Program" developed by HUD and the National Association of the Remodeling Industry;
- "Addressing Lead-Based Paint Hazards during Renovation, Remodeling, and Rehabilitation in Federally Owned and Assisted Housing", HUD's adaptation of the EPA model curriculum for renovators and remodelers; or
- An equivalent course approved by HUD. \_\_\_\_\_  
[specify title of course]

Names of Trained Employees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Contractor / Supervisor Signature

\_\_\_\_\_  
Date

**Note: Attach copies of applicable certifications**

## Lead-Based Paint - Ongoing Monitoring Schedule for Rental Property:

Note: Property owner must follow lead-based paint regulations as required by HUD and the EPA. Any dates listed below are for use as guidance in complying with the above-mentioned regulations and should be verified by the property owner to insure compliance with regulations.

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

- Initial lead-based paint and risk assessment was performed at this property by \_\_\_\_\_ on \_\_\_\_\_
  - Clearance testing was performed by \_\_\_\_\_ on \_\_\_\_\_
- 1) Visual Assessment Survey required annually and whenever information indicates a possible problem. The next visual survey shall be performed no later than \_\_\_\_\_.
  - 2) Reevaluation required every two years unless the property fails two consecutive reevaluations which will trigger more frequent testing. The next reevaluation on this property shall be conducted prior to \_\_\_\_\_.

Received by,

\_\_\_\_\_  
Property Owners Signature

\_\_\_\_\_  
Date