

Your Company Name

Georgia or EPA Certification Number

Certification Expiration Date

Project Name

Location

Work Dates _____

To _____

Certified Renovator: _____

Georgia or EPA Certification Number

Certification Expiration Date

Insert Picture of Site Here



PROJECT SUMMARY

Project Name _____

Location _____

Owner or Manager (circle one) Name _____

Owner Address (if different than project site) _____

Office Phone _____ Cell _____ Email _____

___ Single-Family Residence ___ Multi-Family Residence ___ # of Units ___ Child Occupied Facility

Age of Structure _____ Verified By _____

Scope of Work:

Other Contractors/Companies	Contact Person	Contact Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certified Renovator _____

Certification # _____ Expiration Date _____

Non-Certified Trained Workers

Planned Start _____ Planned Finish _____

Actual Start _____ Actual Finish _____

Comments



Sketch of Work Site and Sampling Locations

Sampling Date _____ Sampled by _____ Certified Renovator _____ GA Lead Inspector/Lead Risk Assessor _____
(circle one)

Name _____

GA Certification # _____ Exp. Date _____

Inspection Report Given to _____ on _____ by _____
(Owner/Manager) Date Name

Assumed Lead, Did Not Sample, and Used Lead-Safe Work Practices



Pre-Renovation Education Forms for Georgia Residential Structures

For compliance with the requirements of the
Georgia Lead-Based Paint Hazard Management Rules, Chapter 391-3-24.

Project Site Name: _____

Address: _____

Acknowledgement of Receipt Owner or Occupant

I have received a copy of the *Renovate Right* 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.

Printed Name of Owner or Occupant (circle one)

Address

Unit #

Signature of Owner or Occupant (circle one)

Date of Receipt

Printed Name of Person Certifying Delivery

Signature of Person Certifying Delivery



Pre-Renovation Education Forms for Georgia Child-Occupied Facilities Structures

For compliance with the requirements of the
Georgia Lead-Based Paint Hazard Management Rules, Chapter 391-3-24.

Project Site Name: _____

Address: _____

Acknowledgement of Receipt Owner, Manager or Management Representative

I have received a copy of the *Renovate Right* 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.

Printed Name of Owner, Manager, or Management Representative (circle one)

Address

Unit #

Signature of Owner, Manager, or Management Representative (circle one)

Date of Receipt

Printed Name of Person Certifying Delivery

Signature of Person Certifying Delivery



Attempted Delivery

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

Instruction 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 *Renovate Right* 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 *Renovate Right* 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

Delivered to Each Mail Box

Other _____

(Complete method used to deliver pamphlet)

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Address

Unit #

Signature of Person Certifying Lead Pamphlet Delivery



Certification of Mailing

I certify that I mailed the *Renovate Right* pamphlet to the following person at least 7 days before renovation began.

Method Mailing _____

Examples: US Certified Mail, Email, Overnight Package/Letter, or Delivery Service (DHL, UPS, etc)

Attach a copy of emails & acknowledgement of receipt

Date of Mailing _____

Date of Acknowledgement of Receipt/Delivery _____

Printed Name of Person Certifying Deliver

Signature of Person Certifying Delivery

Mailing Options in GA – As an alternative to delivery in person, you may mail the *Renovate Right* pamphlet to the owner and/or tenants. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office, other delivery service, or by email if both proof of delivery and acknowledgement of receipt are obtained.



Renovation Notice

For use in notifying tenants of renovation in common areas of multi-family housing.

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

Activity (such as sanding, window replacement, etc.)

Location (such as lobby, recreation center, etc.)

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

Because this is an older building constructed before 1978, some of the paint disturbed during the renovation may contain lead paint. You may obtain a copy of the pamphlet *Renovate Right* like the one posted with this notice by telephoning me at _____. 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. Please do not take the *Renovate Right* pamphlet from here.

Date Posted

Date Signage Removed

Name Certified Renovator

Picture of Notice



Lead Check® Test Kit Documentation Form

Project Site Name: _____ Unit # _____
 Address: _____
 Certified Renovator Name: _____
 EPA or Georgia Certified (Circle one) _____ Certification # _____ Exp. Date _____

Use the following blanks to identify the tests kits used in testing components.

Test Kit # _____
 Manufacturer: _____ Manufacturer Date/Inspection Date ____/____/____
 Model: _____ Serial #/ Lot # _____
 Expiration Date: _____ N/A _____

Test Location # _____ Test Kit # _____
 Date of Test: _____
 Description of Test Location: _____

 Result: Is Lead Present? (Circle Only One) YES NO Presumed

Test Location # _____ Test Kit # _____
 Date of Test: _____
 Description of Test Location: _____

 Result: Is Lead Present? (Circle Only One) YES NO Presumed

Test Location # _____ Test Kit # _____
 Date of Test: _____
 Description of Test Location: _____

 Result: Is Lead Present? (Circle Only One) YES NO Presumed

Test Location # _____ Test Kit # _____
 Date of Test: _____
 Description of Test Location: _____

 Result: Is Lead Present? (Circle Only One) YES NO Presumed

Comments



D Lead ® Paint Test Kit Record Keeping

Project Site Name: _____ Unit # _____
 Address: _____
 Certified Renovator Name: _____
 EPA or Georgia Certified (Circle one) _____ Certification # _____ Exp. Date _____

Manufacturer: _____
 Product Name: _____
 Part/Product # _____
 Lot #: _____ (A) Exp. Date: _____
 Lot #: _____ (B) Exp. Date: _____

Test Location #: _____ Date of Test: _____ Lot: **A** or **B**
 Description of Test Location: _____
 Result: Is Lead Present? (check one) No Lead Detected Low Lead Positive For Lead
(Lead Present - Below USEPA Regulated Lead)

Test Location #: _____ Date of Test: _____ Lot: **A** or **B**
 Description of Test Location: _____
 Result: Is Lead Present? (check one) No Lead Detected Low Lead Positive For Lead
(Lead Present - Below USEPA Regulated Lead)

Test Location #: _____ Date of Test: _____ Lot: **A** or **B**
 Description of Test Location: _____
 Result: Is Lead Present? (check one) No Lead Detected Low Lead Positive For Lead
(Lead Present - Below USEPA Regulated Lead)

Test Location #: _____ Date of Test: _____ Lot: **A** or **B**
 Description of Test Location: _____
 Result: Is Lead Present? (check one) No Lead Detected Low Lead Positive For Lead
(Lead Present - Below USEPA Regulated Lead)

Comments



Non-Certified Workers Training Log Steps to Lead Safe Renovation Repair Painting

Name of Trainee	Overview of Types/ Structures & Reasons for RRP	Surface Lead Testing	Establish Work Area and Containment			Protect Yourself	Work Practices		Cleaning Procedures			Cleaning Verification Procedures		
	Reasons for Using Lead-Safe Work Practices, Health Risks, Age of Structure.	Testing for Lead paint before starting work.	Setting Up Barriers, Signs and Flapped Entry Doors	Cover or Remove Furniture	Establish Exterior Containment	Establish Exterior Containment	Personal Protective Equipment	Prohibited Work Practices	General Work Practices	Interior Daily and Final Cleaning	Exterior Daily and Final Cleaning	Bagging Waste	Interior & Exterior Visual Inspection	Interior Cleaning Verification Process

Date of Training: _____

Certified Renovator Name: _____

Important

The Skill Sets shaded above are things only a Certified Renovator can do! It is important for the Non-Certified Workers to understand the rules and guidelines but they cannot test, verify, supervise containment or place the signs and barriers.



Job Specific Work Practices Non-Certified Workers Training Log

Name of Trainee	Work Practices Job Specific		Cleaning Procedures		
	Prohibited Work Practices	Job-Specific Work Practices Description:	Daily and Final Interior Cleaning	Daily and Final Interior Cleaning	Bagging Waste and Waste Disposal

Date of Training: _____

Certified Renovator Name: _____



Cleaning Verification Post Renovation

Project Site Name: _____

Address: _____

Exterior Verification:

Visual Inspections Passed. No visible debris, paint chips, or residue on the horizontal surfaces or ground in or around the work areas.

Date Exterior Verification Time Name Certified Renovator Conducting Verification

Interior Verification – Non-HUD Properties Only

Visual Inspection Passed. No visible debris, paint chips, or residue on the horizontal surfaces (window sills, counter tops, un-carpeted floors) in or around the work areas.

Date Interior Verification Time Name Certified Renovator Conducting Verification

Cleaning Verification Passed. The following is EPA's cleaning guidelines. Each horizontal surface and non-carpeted floors must be cleaned and then tested by wiping the surfaces with a wet cloth. When compared against the EPA's Verification Card, if the cloth does not "pass" then the cleaning must be re-done and tested with another wet cloth. If the second cleaning does not pass the renovator must re-clean, wait one hour and wipe the surface with a dry electrostatic charged cloth.

Number of Cloths Used _____ Number of Dry Cloths Used _____

Date Exterior Verification Time Name Certified Renovator Conducting Verification

Dust Clearance Testing – Required for HUD Projects; May Be Requested by Owner for Other Projects

A Dust Sampling Technician, Lead Inspector of Risk Assessor was used to conduct the clearance testing.

Circle One: Dust Sampling Technician Lead Inspector/RA Lead Inspector

Name of Person Conducting Test GA Cert# Expiration Date

Firm Name GA Cert# Expiration Date

Firm Address Firm Phone Number

Clearance Sampling Report Attached:

Debris Disposal

Dust and Debris created during the renovation containment phase has been properly disposed of per RRP 40 CFR Part 745 Rule and Georgia Waste Rules.

Regardless of the type of Clearance Testing or Verification that has been used, the possibility of Lead Dust in your home from past renovations or maintenance projects may still remain. The only way to make certain that your home does not have Lead Dust level exceeding EPA's acceptable standards is to hire a certified individual to conduct a thorough investigation by taking test samples from your entire home.

Certified Renovator Signature Date Customer Signature Date

Renovator Number Renovator Expiration Date Georgia Lead-Based Paint Renovation Model Project File



Daily Project Log

Project Name:

Date:

Crew on Site:

Work Summary:

Date:

Crew on Site:

Work Summary:

Date:

Crew on Site:

Work Summary:

