

Future Sample Renovation Recordkeeping Checklist

(effective April 2010)

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 to adjacent areas

___ Waste handling ___ Post-renovation cleaning

___ Test kits used by certified renovator to determine whether lead was present on components affected by renovation (identify kits used and describe sampling locations and results):

___ Warning signs posted at entrance to work area.

___ Work area contained to prevent spread of dust and debris

___ All objects in the work area removed or covered (interiors)

___ HVAC ducts in the work area closed and covered (interiors)

___ Windows in the work area closed (interiors)

___ Windows in and within 20 feet of the work area closed (exteriors)

___ Doors in the work area closed and sealed (interiors)

___ Doors in and within 20 feet of the work area closed and sealed (exteriors)

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

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

___ Ground covered by plastic extending 10 feet from work area—plastic anchored to building and weighed down by heavy objects (exteriors)

___ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)

___ Waste contained on-site and while being transported off-site.

___ Work site properly cleaned after renovation

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

___ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)

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

___ If dust clearance testing was performed instead, attach a copy of report

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

Name and title

Date