	Your Compan	y Name
Geor	gia or EPA Certification Number	Certification Expiration Date
	Project Na	ıme
	Locatio	n
ork Dates	<u></u>	То
ed Renov	ator:	
	gia or EPA Certification Number	
		Certification Expiration Date
	gia or EPA Certification Number	Certification Expiration Date



#### PROJECT SUMMARY

Project Name				
Location				
Owner or Manager (circle one	e) Name			
Owner Address (if different th	an project site)			
Office Phone	Cell	_ Email		
Single-Family Residence	e Multi-Family Re	esidence# c	of Units	_Child Occupied Facility
Age of Structure	Verified By			
Scope of Work:				
Other Contractors/Companies	6	Contact Person		Contact Phone #
	<del></del>	( <u> </u>		
	<del></del>	( <del></del>		
		i <del></del>		<u> </u>
¥		0-		<u> </u>
Certified Renovator				
Certification #			Expiration Da	ate
Non-Certified Trained Worker	s			
Planned Start		Planned Finish		
Actual Start		Actual Finish		
Comments				

RENOVATION

	Sketch of Wo	ork Site and Sam		
	W 1 1 1 1 1 1 1 1			
			<del>                                     </del>	
Sampling Date	Sampled by Certified F	Renovator GA Lead	Inspector/Lead Risk Asses	sor
		(circle one)		
Name		F B		
GA Certification #	von to	exp. Date	by	
inspection Report GIV	ren to (Owner/Manager)	Date	by Name	
in heal hamussa	d Not Sample, and Used I	.ead-Safe Work Pract	ces	

## 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.

roject Site Name:	
ddress:	
	54
	Acknowledgement of Receipt
	Owner or Occupant
	e Renovate Right pamphlet informing me of the potential risk of the lead ion activity to be performed in my dwelling unit. I received this pamphlet
Printed Name of Owner or Occ	cupant (circle one)
Address	Unit #
Signature of Owner or Occupa	nt (circle one)
Date of Receipt	
Printed Name of Person Certif	ying Delivery
	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.

oject Site Name:	
ddress:	
	Acknowledgement of Receipt
0	wner, Manager or Management Representative
have received a copy of th	ne Renovate Right pamphlet informing me of the potential risk of the lead
hazard exposure from rend	ovation activity to be performed in my dwelling unit. I received this pamphlet
before the work began.	
Printed Name of Owner, M	anager, or Management Representative (circle one)
Address	
nuaress	•
Signature of Owner, Manag	ger, or Management Representative (circle one)
 Date of Receipt	
Printed Name of Person Ce	rtifying Delivery
Signature of Person Certify	ing Delivery
- 0	



#### **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 Ma	il Box
----------------------	--------

2 Other	ther
---------	------

(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 <i>Renovate Right</i> pamphlet t renovation began.	to the following person at least 7 days before			
Method Mailing Examples: US Certified Mail, Email, Overnight Pack Attach a copy of emails & acknowledgement of rec				
Date of Mailing  Date of Acknowledgement of Receipt/Delivery				
Printed Name of Person Certifying Deliver	Signature of Person Certifying Delivery			
to the owner and/or tenants. Pamphlet must be ma	in person, you may mail the <i>Renovate Right</i> pamphlet ailed at least 7 days before renovation. Mailing must post office, other delivery service, or by email if both re 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 . 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 Signage Removed **Date Posted** Name Certified Renovator Picture of Notice



	Page of
Lead Check® Tes	st Kit Documentation Form
Project Site Name:	
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:	
Test Location #  Date of Test:  Description of Test Location:	
Result: Is Lead Present? (Circle Only One)	YES NO Presumed
Test Location #  Date of Test:  Description of Test Location:	
Result: Is Lead Present? (Circle Only One)	YES NO Presumed
Test Location #  Date of Test:  Description of Test Location:	
Result: Is Lead Present? (Circle Only One)	YES NO Presumed
Test Location # Date of Test:	
Description of Test Location:	YES NO Presumed
Comments	



D Le	ead ® Paint Test	Kit Record Keep	Page	of
Project Site Name:	o swork medical dest	Unit #		-
Address:				-
Certified Renovator Name:				
EPA or Georgia Certified (Circle one)	Certi	fication #	Exp. Date	إلكاف
Manufacturer:				
Product Name:				
Part/Product # Lot #:				
Lot #:				
Test Location #:	Date	of Test:	Lot: D A or D B	
Description of Test Location:				<del></del> :
Davids, Jaland Burnant (about and)	□ No Load Detected	□ Low Lead	□ Positive For Lead	
Result: Is Lead Present? (check one)	□ NO Lead Detected	(Lead Present - Below	□ rositive roi tead	
		USEPA Regulated Lead)		
Test Location #:	Date	of Test:	Lot: DA or DB	
Description of Test Location:				n
	Al Land Data dad	-11	— Pasitiva Faal and	
Result: Is Lead Present? (check one)	□ No Lead Detected	□ Low Lead (Lead Present - Below	□ Positive For Lead	
		USEPA Regulated Lead)		
Test Location #:	Date	of Test:	Lot: □ A or □ B	
Test Location #:  Description of Test Location:		or rest		
Result: Is Lead Present? (check one)	☐ No Lead Detected	□ Low Lead	□ Positive For Lead	
		(Lead Present - Below USEPA Regulated Lead)		
Test Location #:  Description of Test Location:		of Test:	Lot: □ A or □ B	
Description of rest cocations				
Result: Is Lead Present? (check one)	□ No Lead Detected	□ Low Lead	□ Positive For Lead	
		(Lead Present - Below USEPA Regulated Lead)	A	Region
				De illa
Comments			REN	OVATION

Georgia Lead-Based Paint Renovation Model Project File

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

		0000011		
	ng cion ires	Interior Cleaning Verification Process		
Cleaning	Cleaning Verification Procedures			
	Cle Veri	lnspection		
		Interior & Exterior Visual		
	sa			
	adur	9126W gnigged		
	Cleaning Procedures	gninsəlƏ		
	ing F	Exterior Daily and Final		
	ean	,,		
	ס	gninealD leniT bne ylisG roitefnl		
	SS			
	actic	General Work Practices		
	k Pri			
	Work Practices	Prohibited Work Practices		
	Protect Yourself	Personal Protective Equipment		
		Establish Exterior Containment		
	and	tangalista Disate delidated		
	Establish Work Area and Containment	Targullan College Saluranan Call		
		Establish Exterior Containment		
	י Wo חלי ח			
	blisk Co	Cover or Remove Furniture		
	Esta	Flapped Entry Doors		
		Setting Up Barriers, Signs and		
	d bn			
	Surface Lead Testing	starting work.		
	Su L Te	Testing for Lead paint before		
	v of / ss & for	Age of Structure.		
	verview Types/ ructures easons f	Work Practices, Health Risks,		
	Overview of Types/ Structures & Reasons for RRP	Reasons for Using Lead-Safe		
	0, –			
		e e		
		rain		
		Name of Trainee		
		  ame		
			 	-

Certified Renovator Name:

Date of Training:\_

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. Important

Georgia Lead-Based Paint Renovation Model Project File Form 1.2012

# 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:			



Georgia Lead-Based Paint Renovation Model Project File Form 1.2012

### Daily Project Log Project Name:

Project Name.	
Date:	
Crew on Site:	
Work Summary:	
Date:	
Crew on Site:	
Work Summary:	
Date:	
Crew on Site:	
Wark Summanu	
Work Summary:	



#### Cleaning Verification Post Renovation

Project Site Name:						
Address:						
<b>Visual Inspections Passed</b> . No visible debris, paint chips, or residue on the horizontal surfaces or ground in or around the work areas.						
Date Exterior Verification Time	Name Ce	rtified 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	e Name C	ertified 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 white disposable wet wipe. When compared against the EPA's Verification Card, if the wipe does not "pass" then the cleaning must be re-done and tested with another wet wipe. If the second cleaning does not pass the renovator must re-clean, wait one hour and wipe the surface with a dry electrostatic wipe used for wiping hard surfaces.  Total number of dry wipes used						
Total number of wipes used	, Total number of	ary wipes used				
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:						
<u>Debris Disposal</u> Dust and Debris created during the renovation 745 Rule and Georgia Waste Rules.	containment phase has b	een properly disposed of per RRP 40 CFR Part				
Regardless of the type of Clearance Testing or						
home from past renovations or maintenance p does not have Lead Dust level exceeding EPA's thorough investigation by taking test samples f	rojects may still remain. acceptable standards is to	The only way to make certain that your home				
does not have Lead Dust level exceeding EPA's	orojects may still remain. acceptable standards is to from your entire home.	The only way to make certain that your home				

Renovation Project Summary & Recordkeeping Checklist					
Project S	Site Name:				
011.00	Address:				
	wner or Manager (circle one):				
	tes: Start End Renovator:				
	Certification Number: Expiration Date: rained Workers (Not Certified Renovators:				
Name Georgia Certified Dust Sampling Technician, Lead Inspector/Risk Assessor (circle one):					
		Completed (Yes, No, or			
		Not Applicable)			
	Copies of Renovator GA/EPA Certifications and Training Certificates				
	Georgia Certified Dust Sampling Technician, Lead Inspector/Risk Assessor (If used)				
	Training Log by Certified Renovator Training to Workers General Training & Job-Specific Training)				
	Sampling Location and Lead Test Results (Tests used 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 ft of work area closed (exterior)				
	Doors in the work area closed and sealed (interior)				
	Doors in and within 20 ft of work area closed and sealed (exteriors)				
	Doors that must be used in work area covered to allow passage				
	Floors in the work area covered with taped-down plastic (interiors)				
	Ground covered by plastic extending 10ft 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)  Vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)				
	If necessary.				
	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 surfaced and objects cleaned using HEPA vacuum and/or wet clothes or mops (interiors)				
	Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used:				
	If clearance testing performed instead, attach a copy of report.				
l certify ι	under penalty of law that the above information is true and complete.				
Certified	Renovator: Date				
Receive	d By Date	RENDVATION			