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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Person</th>
<th>Contact Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certified Renovator _______________________________________

Certification # ___________________ Expiration Date ___________

Non-Certified Trained Workers

Planned Start _______________ Planned Finish _________________

Actual Start _______________ Actual Finish _________________

Comments

Georgia Lead-Based Paint Renovation Model Project File
Form 1:2012
Sketch of Work Site and Sampling Locations

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

Name ___________________________ Exp. Date ____________
GA Certification # ____________________
Inspection Report Given to ________________ on ____________ by ________________
(Owner/Manager) Date __________________ Name __________________

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

Georgia Lead-Based Paint Renovation Model Project File
Form 1.2012
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 ____________________________________

Georgia Lead-Based Paint Renovation Model Project File
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 Delivery __________________________

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

<table>
<thead>
<tr>
<th>Test Location #</th>
<th>Test Kit #</th>
<th>Date of Test</th>
<th>Description of Test Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Presumed</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Test Location #**
Date of Test: ___________________________
Description of Test Location: ___________________________
Result: Is Lead Present? (Circle Only One) YES NO Presumed

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<tbody>
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<td>Presumed</td>
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Date of Test: ___________________________
Description of Test Location: ___________________________
Result: Is Lead Present? (Circle Only One) YES NO Presumed

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**Test Location #**
Date of Test: ___________________________
Description of Test Location: ___________________________
Result: Is Lead Present? (Circle Only One) YES NO Presumed

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</tr>
</tbody>
</table>

Comments
### D Lead ® Paint Test Kit Record Keeping

**Project Site Name:**

**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:**

**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:**

**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:**

**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:**

**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

Georgia Lead-Based Paint Renovation Model Project File Form 1 2012
### Non-Certified Workers Training Log
**Steps to Lead Safe Renovation Repair Painting**

<table>
<thead>
<tr>
<th>Overview of Types/Structures &amp; Reasons for RRP</th>
<th>Surface Lead Testing</th>
<th>Establish Work Area and Containment</th>
<th>Protect Yourself</th>
<th>Work Practices</th>
<th>Cleaning Procedures</th>
<th>Cleaning Verification Procedures</th>
</tr>
</thead>
</table>

**Name of Trainee**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**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.

---

Georgia Lead-Based Paint Renovation Model Project File Form 1.2012
# Job Specific Work Practices
## Non-Certified Workers Training Log

<table>
<thead>
<tr>
<th>Name of Trainee</th>
<th>Work Practices Job Specific</th>
<th>Cleaning Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job-Specific Work Practices Description:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Training: ____________________

Certified Renovator Name: ____________________
Daily Project Log

Project Name:

Date:
Crew on Site:

Work Summary:

Date:
Crew on Site:

Work Summary:

Date:
Crew on Site:

Work Summary:
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 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 wipes used ___________ Total number of dry 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: __________________________

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 Certification Number __________________________ Expiration Date ___________ Georgia Lead-Based Paint Renovation Model Project File

Form 1.2012
Renovation Project Summary & Recordkeeping Checklist

<table>
<thead>
<tr>
<th>Completed (Yes, No, or Not Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies of Renovator GA/EP A Certifications and Training Certificates</td>
</tr>
<tr>
<td>Georgia Certified Dust Sampling Technician, Lead Inspector/Risk Assessor (If used)</td>
</tr>
<tr>
<td>Training Log by Certified Renovator Training to Workers General Training &amp; Job-Specific Training</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Warning Signs Posted At Entrance to Work Area</td>
</tr>
<tr>
<td>Work area contained to prevent spread of dust and debris</td>
</tr>
<tr>
<td>All objects in the work area removed or covered (interiors)</td>
</tr>
<tr>
<td>HVAC ducts in the work area closed and covered (interiors)</td>
</tr>
<tr>
<td>Windows in the work area closed (interiors)</td>
</tr>
<tr>
<td>Windows in and within 20 ft of work area closed (exterior)</td>
</tr>
<tr>
<td>Doors in the work area closed and sealed (interior)</td>
</tr>
<tr>
<td>Doors in and within 20 ft of work area closed and sealed (exteriors)</td>
</tr>
<tr>
<td>Doors that must be used in work area covered to allow passage</td>
</tr>
<tr>
<td>Floors in the work area covered with taped-down plastic (interiors)</td>
</tr>
<tr>
<td>Ground covered by plastic extending 10 ft 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)</td>
</tr>
<tr>
<td>Vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors) if necessary.</td>
</tr>
<tr>
<td>Waste contained on-site and while being transported off-site</td>
</tr>
<tr>
<td>Work site properly cleaned after renovation</td>
</tr>
<tr>
<td>All chips and debris picked up, Protective sheeting misted, folded dirty side inward, and taped for removal</td>
</tr>
<tr>
<td>Work area surfaced and objects cleaned using HEPA vacuum and/or wet clothes or mops (interiors)</td>
</tr>
<tr>
<td>Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used)</td>
</tr>
<tr>
<td>If clearance testing performed instead. Attach a copy of report</td>
</tr>
</tbody>
</table>

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

Certified Renovator: __________________________ Date: __________________________

Received By: __________________________ Date: __________________________