

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



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 _____



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 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



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 | |
|-----------------|---|--|--|---------------------------|--------------------------------|--------------------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------------|---------------|---------------------------------------|--|
| | | | Setting Up Barriers, Signs and Flapped Entry Doors | Cover or Remove Furniture | Establish Exterior Containment | Establish Exterior Containment | | 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 |
| | Reasons for Using Lead-Safe Work Practices, Health Risks, Age of Structure. | Testing for lead paint before starting work. | | | | | Personal Protective Equipment | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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

Non-Certified Workers Training Log

Job Specific work Practices

| 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 |
| | | | | | |
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| | | | | | |

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.

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

Form 1.2012



Daily Project Log

Project Name:

Date:

Crew on Site:

Work Summary:

Date:

Crew on Site:

Work Summary:

Date:

Crew on Site:

Work Summary:



Renovation Recordkeeping Checklist

Project Site Name:

Project Address:

Name Owner or Manager (circle one):

Work Dates: Start End

Certified Renovator:

GA/EPA Certification Number:

Expiration Date:

Name Trained Workers (Not Certified Renovators):

Name Georgia Certified Dust Sampling Technician, Lead Inspector/Risk Assessor (circle one):

| | COMMENTS |
|---|----------|
| 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 | |
| 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 dust clearance testing performed instead, attach a copy of report. | |

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

Renovator Name

Date

Received By

Date

