

# LEAD-BASED PAINT ABATEMENT INSPECTION CHECKLIST



Lead-Based Paint Program  
4244 International Parkway, Suite 104  
Atlanta, Georgia 30354  
(404) 363-7026

Inspector: \_\_\_\_\_

## A. GENERAL INFORMATION

Owner's Name/Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Date/Time of Inspection: \_\_\_\_\_

Type of Facility (i.e. TH or COF): \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Application for NTP Received? Yes: ☐ No: ☐

Lead-Based Paint Firm Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If no NTP, Suspected Non-Notifier? Yes: ☐ No: ☐

Firm's On-Site Contact Person (Lead Supervisor): \_\_\_\_\_

Reason for Inspection: Compliance: ☐ Complaint: ☐ Complaint #: \_\_\_\_\_

If RRP, Refer to RRP Checklist.

## B. INSPECTION

1. Was an inspection conducted? Yes: ☐ No: ☐
2. Name(s) and position(s) of person(s) and certification discipline and number being interviewed during inspection (include company name):

| Name | Certification Discipline and Number |
|------|-------------------------------------|
|      |                                     |
|      |                                     |
|      |                                     |
|      |                                     |

3. Scope of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the current phase of the lead abatement project: \_\_\_\_\_

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5. Comments: \_\_\_\_\_

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|   | Yes | No | N/A |
|---|-----|----|-----|
| 6. Did firm submit project notification to the Division ten (10) days prior to start date?  |     |    |     |
| 7. Type of Project:   |     |    |     |
| a. Child Occupied Facility  |     |    |     |
| b. Residential Dwelling Unit  |     |    |     |
| 8. Has Abatement project been permitted to start by Division?   |     |    |     |
| 9. Occupant Protection  |     |    |     |
| a. Is a Written Occupant Protection Plan available onsite?  |     |    |     |
| b. Is a copy of the NTP available onsite?   |     |    |     |
| c. Is a copy of the applicable lead-based paint abatement design, risk assessment and/or inspection reports available onsite?                           |     |    |     |
| d. Are copies of the certifications issued by the Division for all certified persons and firms performing lead-based paint activities available onsite? |     |    |     |
| e. Are all abatement activities being conducted in accordance with Rule 391-3-24-.06?   |     |    |     |

|  |  |  |  |
|--|--|--|--|
| f. Are all abatement activities being conducted under the direct supervision of a certified lead supervisor (who shall be onsite at all time when abatement activities are being conducted)? |  |  |  |
| 10. Are units occupied?<br>If so, how many?  |  |  |  |
| Comments:  |  |  |  |
|  |  |  |  |
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C. Work Practice Observations

|  | Yes | No | N/A |
|--|-----|----|-----|
| 1. Is water being used?  |     |    |     |
| 2. Power tools in use?   |     |    |     |
| 3. Dust/debris (VE?) Outside removal area?   |     |    |     |
| 4. Warning signs posted?   |     |    |     |
| 5. Open flame burning or torching?   |     |    |     |
| 6. Machine sanding or grinding or abrasive blasting or sand blasting without HEPA attachments? |     |    |     |
| 7. Operating heat gun over 1100°F?   |     |    |     |
| 8. Evidence of visible paint chips?  |     |    |     |
| 9. Are HEPA controls used?   |     |    |     |
| 10. Evidence of Abatement in progress?   |     |    |     |
| Comments:  |     |    |     |
|  |     |    |     |
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D. Post Abatement Inspection

1. When was the visual inspection conducted? \_\_\_\_\_
2. Who conducted the visual inspection? \_\_\_\_\_
3. When was the clearance sampling conducted? \_\_\_\_\_

|  | Yes | No | N/A |
|--|-----|----|-----|
| 4. Dust Sampling for Abatements with containment   |     |    |     |
| a. Abatement with containment for (<4 rooms):  |     |    |     |
| One (1) Interior Window Sill   |     |    |     |
| One (1) Window Trough  |     |    |     |
| One (1) Floor of all rooms/hallways/stair wells  |     |    |     |
| One (1) Floor outside containment  |     |    |     |
| b. Abatement with containment for (>= 4 rooms):  |     |    |     |
| One (1) Interior Window Sill   |     |    |     |
| One (1) Window Trough  |     |    |     |
| One (1) Floor of at least four (4) rooms/hallways/stair wells  |     |    |     |
| One (1) Floor outside containment  |     |    |     |
| 5. Dust Sampling for Abatements with no containment  |     |    |     |
| a. Abatement with no containment for (<4 rooms):   |     |    |     |
| One (1) Interior Window Sill   |     |    |     |
| One (1) Window Trough  |     |    |     |
| One (1) Floor of each room/hallway/stair well  |     |    |     |
| b. Abatement with no containment for (>= 4 rooms):   |     |    |     |
| One (1) Interior Window Sill   |     |    |     |
| One (1) Window Trough  |     |    |     |
| One (1) Floor of each room/hallway/stair well  |     |    |     |
| 6. Exterior Paint Abatement  |     |    |     |
| Was a visual inspection conducted on the horizontal surfaces in the outdoor living area closest to the abated area?  |     |    |     |
| Exposed Concrete 800 µg/ft²  |     |    |     |
| Covered Concrete 40 µg/ft²   |     |    |     |
| 7. Was a visual inspection conducted to determine the presence of paint chips on the dripline or next to the foundation below any exterior surface abated? |     |    |     |
| 8. Has a hazardous waste determination been conducted on abated debris? (COF)  |     |    |     |
| 9. Name/address of MSW landfill:   |     |    |     |
| 10. Landfill ID number:  |     |    |     |
| 11. Name of hazardous waste transporter:   |     |    |     |
| 12. Transporter Identification number:   |     |    |     |

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|--------------------------------|--------------|
| Inspection report reviewed by: | Review date: |
| Comments:                      |              |
|                                |              |
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