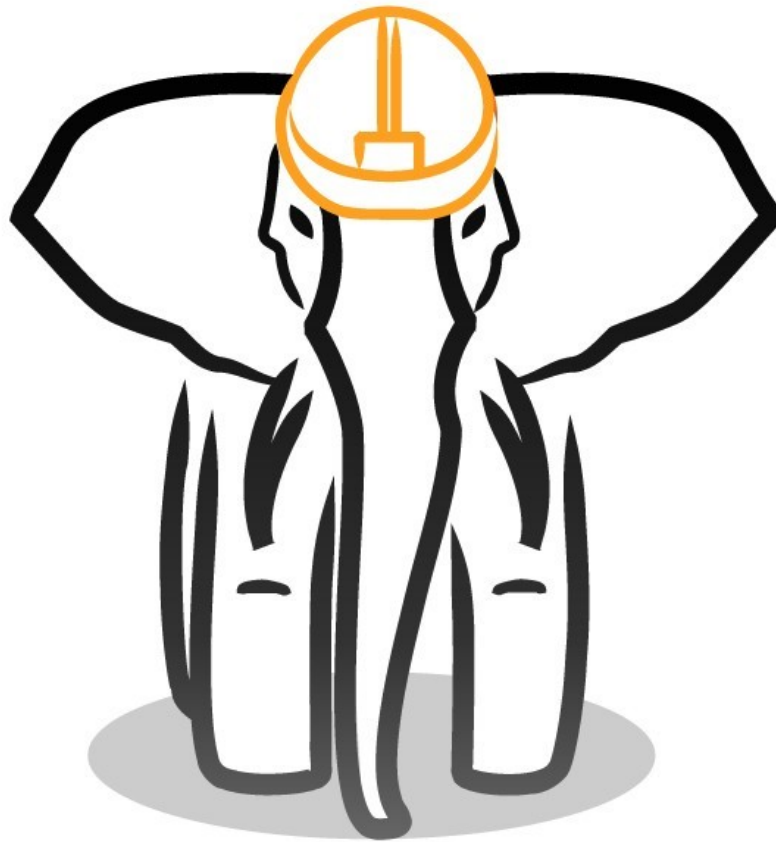


proActive
Safety Services

Train. Protect. Prevent.

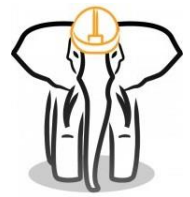


www.pasafety.com



proActive Safety Services

RRP Lead Renovator Form Packet



RRP Form Checklist

Prior to the Job Beginning

- **Sample Pre-Renovation Form** - Issue the Renovate Right Pamphlet – At least 7 days prior for an EPA regulated job and at least 15 days prior to a HUD regulated Job.
- **Sample Renovation Recordkeeping Checklist** – Fill this out upon notice of job award. You will keep this on-site until the end of the job. Attach any relevant correspondence from your customer as the job goes. At the end of the job this will become your post renovation report.
- **Renovation Notice** – Form only needed for work in Apartments, Condominiums, and common areas. Distribute these to each affected tenant at least 7 days prior EPA, or 15 days prior for HUD. Also use this form as a template for the signs you will post in conspicuous areas (front door, back door, mail location, etc.).
- **Record of Tenant Notification Procedures** – Form only need for work in Apartments, Condominiums, and common areas. Use the form to record how you distributed the Renovation Notice
- **Steps Guide Student Training Record** – Complete this form for any worker that you train on the job or prior to the job in a classroom setting. Non-certified trained workers can only be trained for EPA regulated jobs. Unless you are a Lead Abatement supervisor and will not leave the project.

During the Job

- **Job Safety Analysis Form** – Complete this each day prior to work beginning. At the end of the day snap a photo of it and email it to your Supervisor.
- **Test Kit Documentation Form** – Complete this anytime you test for lead-based paint. Retain a copy on the job and send a copy to the customer when you send your bill, or within 30 days. Whichever is sooner.
- **Paint Chip Sample Collection Form** – Complete this anytime you take a paint chip sample. Retain a copy on the job and send a copy to the customer when you send your bill, or within 30 days. Whichever is sooner.
- **Cleaning Verification Procedure Documentation Form** – This is an optional form that can be used to record the Cleaning Verification Procedures.

After the Job

- **Post Renovation Report** – Complete and sign the Sample Renovation Recordkeeping Checklist. Attach any relevant correspondence. Include a copy of the Renovation Recordkeeping Checklist along with the following items:
 - Completed
 - Firm Certification
 - All Renovator Certifications
 - All 3rd Party Certifications
 - Completed Steps Guide Student Training Record
 - Pre-Renovation Form – or Certified Mail Slips
 - Record of Tenant Notification Procedures
 - Applicable Job Safety Analysis Forms
 - Completed Test Kit Documentation Forms
 - Completed Paint Chip Sample Collection Form
 - Optional – Completed Cleaning Verification Procedure Form



Sample Renovation Recordkeeping Checklist

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 kit or test results from an EPA-recognized laboratory on collected paint chip sample, used by certified renovator to determine whether lead was present on components affected by renovation (identify method used, type of test kit used (if applicable), laboratory used to conduct paint chip analysis, 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)

Vertical containment installed if property line prevents 10 feet of ground covering, or if necessary 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

Sample Pre-Renovation Form

This sample form may be used by firms to document compliance with the requirements of the Federal Lead-Based Paint Renovation, Repair, and Painting Program.

Occupant Confirmation

Pamphlet Receipt

___ I have received a copy of the lead hazard information 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-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions 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 lead hazard 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 lead hazard 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 or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Sample Forms (continued)

Renovation Notice — For use in notifying tenants of renovations in common areas of multi-family housing.

The following renovation activities will take place in the following locations:

Activity (e.g., sanding, window replacement)

Location (e.g., lobby, recreation center)

The expected starting date is _____ and the expected ending date is _____.
Because this is an older building built before 1978, some of the paint disturbed during the renovation may contain lead. You may obtain a copy of the pamphlet, *Renovate Right*, 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.

Date

Printed name of renovator

Signature of renovator

Record of Tenant Notification Procedures

Project Address _____

Street (apt. #) _____

City _____ State _____ Zip Code _____

Owner of multi-family housing

Number of dwelling units

Method of delivering notice forms (e.g. delivery to units, delivery to mailboxes of units)

Name of person delivering notices

Signature of person delivering notices

Date of Delivery

Job Safety Analysis Form

Supervisor {Print Name}:	Contractor:	Date:
--------------------------	-------------	-------

Supervisor Signature:	Location of Work
-----------------------	------------------

Task Activity 1:	Potential Hazards (For each step, list all potential hazards here)	Recommended Safe Job Procedures (For each hazard, list safe procedures, PPE or tools needed here)
Task Activity 2:	Potential Hazards (For each step, list all potential hazards here)	Recommended Safe Job Procedures (For each hazard, list safe procedures, PPE or tools needed here)
Task Activity 3:	Potential Hazards (For each step, list all potential hazards here)	Recommended Safe Job Procedures (For each hazard, list safe procedures, PPE or tools needed here)

A	Electrocution/Shock	H	Hot Surfaces	O	Excavations	V	Chemicals (MSDS Review)
B	Fall From Heights	I	Pinch Points	P	Lead Paint	W	Restricted Access/Confined Space
C	Work Overhead	J	Flying Particles	Q	Silica Dust	X	Poor Lighting
D	Lifting: Manual/Mechanical	K	Vehicle Traffic	R	Asbestos	Y	Heat Stress/Cold Temperatures
E	Rough/Sharp Material	L	Railway Traffic	S	Poor Work Position	Z	Compressed Air
F	Slippery/Uneven Surfaces	M	Welding Fume	T	Noise	AA	Repetitive Motion
G	Machinery - Rotate/Moving	N	Welding Arc	U	Flammable Materials	BB	Other:

FIRE PROTECTION PRECAUTIONS			PPE NEEDED			ENERGIZED EQUIPMENT SECURED		
Fire Blankets	N	Y	Face Shield	N	Y	Ground Fault Protection (GFCI)	N	Y
Welding Screens	N	Y	Safety Glasses	N	Y	Lock Out/Tag Out	N	Y
Flammables Removed	N	Y	Hearing Protection	N	Y	Electrical Tool/Cords Inspected	N	Y
Suitable Fire Extinguishers	N	Y	Gloves for Specific Hazard	N	Y	High Voltage Lines Identified	N	Y
LEL Measured	N	Y	Rubber Boots	N	Y	Hot Pipes Need Temp. insulation	N	Y
Trained Firewatcher Stationed	N	Y	Hard Hat	N	Y	Cords/Leads/Hoses Elevated 7'	N	Y
PERMITS REQUIRED			Fall Protection Equipment			WORK PLATFORMS FOR TASK		
Line Break	N	Y	Respiratory Protection	N	Y	Scaffold Needed/Inspected	N	Y
Confined Space Entry	N	Y	Foot/Metatarsal Guards	N	Y	JLG/Scissors Lift Inspected (Oper. Cert.)	N	Y
Other	N	Y	Safety Shower	N	Y	Ladders (Inspected & Secured)	N	Y
	N	Y	Eye Wash	N	Y	Other	N	Y
INTERIOR CONTAINMENT			Electrical Flash Gear			EXTERIOR CONTAINMENT		
Signs Posted?	N	Y	Other	N	Y	30ft Perimeter and Signs Posted?	N	Y
Work Area Entrances Sealed?	N	Y	BARRICADES NEEDED			20ft All Doors and Windows Closed?	N	Y
6 ft Poly established to contain dust?	N	Y	Caution (Yellow)	N	Y	10ft Poly established to contain dust?	N	Y
HVAC System Off and Sealed?	N	Y	Danger (Red)	N	Y	Are all tools staged on containment area?	N	Y
Tack Pad and Runners in Place?	N	Y	Hard Barricade	N	Y	Within 10 ft of prop line? Vertical Cont.?	N	Y

NOTE ALL CREW MEMBERS MUST SIGN IN AND OUT ON THIS FORM

Crew Daily Sign In	Crew Daily Sign Out
I understand the safety precautions and have the training to perform this task incident free.	I have worked safely today and have NOT been injured

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

Page 1 of __

Owner Information

Name of Owner/Occupant: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact #: (____) ____ - ____
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.	
Renovation Address: _____	Unit# _____
City: _____	State: _____ Zip code: _____
Certified Firm Name: _____	
Address: _____	
City: _____	State: _____ Zip code: _____ Contact #: (____) ____ - ____
Email: _____	
Certified Renovator Name: _____	Date Certified: / /

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components.	
Test Kit #1	
Manufacturer: _____	Manufacture Date: _____
_____/_____/_____	
Model: _____	Serial #: _____
Expiration Date: _____	
Test Kit #2	
Manufacturer: _____	Manufacture Date: _____
_____/_____/_____	
Model: _____	Serial #: _____
Expiration Date: _____	
Test Kit #3	
Manufacturer: _____	Manufacture Date: _____
_____/_____/_____	
Model: _____	Serial #: _____
Expiration Date: _____	

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

Page ___ of ___

Renovation Address: _____ Unit# _____ City: _____ State: _____ Zip code: _____

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

Test Location # _____	Test Kit Used: (Circle only one)	Test Kit # 1	Test Kit # 2	Test Kit # 3
Description of component tested including location: _____				
Result: Is lead present? (Circle only one)				
	YES	NO	Presumed	
Date of test: ____/____/____				

LEAD SAFETY for Remodeling, Repair and Painting

Paint Chip Sample Collection Form Client/Project Information

Page 1 of __

Name of Owner/Project: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact # (____) ____ - _____
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm and Certified Renovator.
Renovation Address: _____ Unit #: _____
City: _____ State: _____ Zip code: _____
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact #: (____) ____ - _____
Email: _____
Certified Renovator Name: _____
Date Certified ____ / ____ / ____

Paint Chip Sample Information

For each sample collected, fill out all of the following information
Sample Identifier: _____
Sample Collector Name: _____
Sampling Location: _____
Sampling site description: _____ Date of Collection: ____ / ____ / ____
Sample Dimensions (cm): _____ Calculate Sample Area (cm ²): _____
NLLAP-recognized entity and location: _____
Submission date: ____ / ____ / ____ Results: _____ Result Date: ____ / ____ / ____

LEAD SAFETY for Remodeling, Repair and Painting

Paint Chip Sample Collection Form

Page __ of __

Renovation Address: _____	Unit #: _____	
City: _____	State: _____	Zip code: _____

For each sample collected, fill out all of the following information

Sample Identifier: _____

Sample Collector Name: _____

Sampling Location: _____

Sampling site description: _____ Date of Collection: ___/___/___

Sample Dimensions (cm): _____ Calculate Sample Area (cm²): _____

NLLAP-recognized entity and location: _____

Submission date: ___/___/___ Results: _____ Result Date: ___/___/___

For each sample collected, fill out all of the following information

Sample Identifier: _____

Sample Collector Name: _____

Sampling Location: _____

Sampling site description: _____ Date of Collection: ___/___/___

Sample Dimensions (cm): _____ Calculate Sample Area (cm²): _____

NLLAP-recognized entity and location: _____

Submission date: ___/___/___ Results: _____ Result Date: ___/___/___

Cleaning Verification Recommended Instructions

In the event of a potential lead contamination claim it is a wise idea to document your cleaning verification procedure. Accomplishing this only takes a few extra steps per area that will provide visual evidence of your cleaning, area by area.

Procedures

1. Use masking or painters tape to mark each horizontal surface, and every 30 sqft on large horizontal surfaces including hard floors.
2. You can either write numbers on each piece of tape, or simply follow a top down, furthest point from entry to entry approach and number accordingly on the form.
3. Snap a photo of all of your pieces of tape. You can use this verify that you did indeed clean the correct number of areas. Also, this picture will provide you with visual evidence of your plan to complete the Cleaning Verification Procedure.
4. Starting with the piece of tape you labeled as 1. Use a new cleaning verification cloth and wipe the entire horizontal surface.
5. On a flat surface, lay your Cleaning Verification Card Down flat with the picture side up.
6. Lay the first cleaning verification wipe that was used to wipe the area labeled as 1 next to the cleaning verification card.
7. Pick up the cleaning verification card and use the window to scan over the first wipe to see if you can visually see any dirt or debris.
8. If you spot any dirt or debris, lay the cleaning verification card next to the first wipe. If you don't spot any dirt or debris you have passed the cleaning verification procedure and should take a picture of the wipe laid out next to the cleaning verification card.
9. With a new cleaning verification wipe, reclean the area that you labeled as 1.
10. Lay the 2nd cv cloth next to the 1st wipe and the Cleaning Verification Card.
11. Use the Cleaning Verification Card window to scan the 2nd cv cloth for any dirt or debris.
12. If you find any dirt or debris you are supposed to wait for the surfaces to dry, or 1 hour and clean again with an electrostatically charged cleaning cloth that is designed to clean hard surfaces.
13. If the 2nd cv cloth passes, lay the Cleaning Verification Card

Cleaning Verification Procedure Documentation Form

Renovation Information					
Project Name and Date					
Renovation Area		X			
Time In		Time Out			
Designated Certified Renovator					
Picture	Item Number	Wipe 1	Wipe 2	Electrostatically Charged Cleaning Cloth	Item Description
Insert Initial Picture Here					
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	

Picture	Item Number	Wipe 1	Wipe 2	Electrostatically Charged Cleaning Cloth	Item Description
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	
	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not Needed <input type="checkbox"/> Complete	