

Client Name:		Job Number:	
Street Address:	City:	Year of Home:	Date
NDEE Monitor:	Certified Renovator (RRP) Name / Firm Name:		Contact Number

HEALTH AND SAFETY TESTING

Did RRP Have Certification Documentation on Site? _____ Did RRP Provide on-site Training? _____

Who conducted lead-based paint testing? _____

Is RRP present at time of NDEE observation? _____ Can RRP be reach by phone? _____

Is RRP present during work set up? _____ During Clean-up? _____

Does RRP have proper records for work summary, training, and certifications? _____ Are signs posted? _____

Is ground cover needed and correct distance or retaining wall in place? _____

Were all proposed work areas swab tested? _____ Were pictures taken? _____

Note: Pictures should include:

- 1. Swab Test
- 2. PPE
- 3. Barricade and Signage
- 4. Indoor Containment
- 5. Outdoor Containment
- 6. Bagged With Gooseneck Trash
- 7. HEPA Vacuum and Dirty Diaper Test

Notes: _____

Areas of Lead Safe Work: _____

Additional Notes: _____