

Iowa Department of Health and Human Services
Lead Paint Assessment

My place of residence was built before 1978. I, _____, resource parent, certify that I have conducted a visual assessment for lead hazards that exist in the form of peeling or chipping paint in my residence.

_____ conducted the visual assessment on _____.
Name of person Date

I certify that I have applied interim controls using safe work methods if the presence of peeling or chipping paint was found.

Interim controls are measures designed to temporarily reduce human exposure or likely exposure to lead-based paint hazards, such as repairing deteriorated lead-based paint, specialized cleaning, maintenance, painting, and temporary containment.

- The visual assessment did not find any form of peeling or chipping paint in my residence.
- The visual assessment did find a form of peeling or chipping paint and I have applied interim controls.
- The visual assessment did find a form of peeling or chipping paint and I have **not** applied interim controls.

If applicable, interim control measures will be applied by _____.
Date

Person who completed the visual assessment (RRTS Caseworker)