

IOWA WEATHERIZATION LEAD-SAFE REPORT

THIS FORM MUST BE FULLY COMPLETED, including additional information or attachments as needed.
Contractor is ultimately responsible for compliance with 641-70.6 (11)g(record keeping).

A. Date Report Issued ____ / ____ / ____

B. Important Information

As of April 22, 2010 renovations* that take place in pre-1978 residential housing and child-occupied facilities are regulated and certification is required. This renovation report is required to be completed within 30-days following a renovation. This report is required to be kept for 3 years by the Iowa certified firm and certified individual conducting the renovation.

This renovation report is always required to be issued to the property owner(s) of the address where the renovation occurred. **This report may also be required to go to other parties if the renovation occurred in a unit that is not owner-occupied, or in a child-occupied facility.**

Check all that apply.

- An adult occupant of a renovated unit, that is not owner-occupied.
Name(s): _____
- The person who requested the renovation, if different from the property owner or adult occupant.
Name(s): _____
- The adult representative of a child-occupied facility.
Name(s): _____
- Renovations in a child-occupied facility or in the common area(s) of multi-family housing. A notice that is likely to be seen shall be posted. The notice shall include instructions on how the report can be obtained free of charge.

**Simply stated, renovation is the modification of any existing structure, or portion thereof that results in the disturbance of painted or stained surfaces.*

C. Address Renovated

Street _____ City _____, IA Zip _____ Apt # _____ Year Built: _____
Property Owner(s) Name _____ Owner Telephone _____
Property Owner Address _____ City _____ State, Zip _____

D. Certification Information

Name of Certified Firm _____ Certification Number _____ Firm Phone _____
Name of Certified Renovator _____ Certification Number _____ Phone _____

E. Renovation Information

Date(s) renovation occurred: _____ Brief description of renovation work: _____

F. Did project have exemptions from lead-based specific work practices? No Yes If yes, reason:

- The entire property was determined to be free of lead-based paint by an Iowa certified lead inspector/risk assessor. (*Attach report or executive summary of report*)
- The renovations were considered to be emergency in nature**. (*Attach documentation of emergency*)
- Some or all of the surfaces renovated were negative for lead-based paint when tested with an EPA approved test kit(s). All of the results, positive and negative must be reported. (*See section H*)
- Some or all of the surfaces renovated were negative for lead-based paint when tested by an Iowa certified lead inspector/risk assessor using XRF or laboratory analysis. (*Attach inspection report*)

***Emergency renovation are not routine failures of equipment or of a structure that were not planned but resulted from a sudden unexpected event that, if not immediately attended to, presents a safety or public health hazard or threatens equipment or property with significant damage. Renovations conducted in response to an elevated blood lead (EBL) inspection are also considered to be an emergency.*

G. Work practices.

Specific work practices are required for renovation. Some or all of the work practices may be exempt (see section F). Check all of the work practices that apply and describe if necessary. **The description of the work practice must be location specific.**

All

- Warning signs posted. Location(s): _____
- Work area contained. Type of containment: _____

Interior (pictures must also be provided for each item checked)

- All objects in work area covered. *Describe* _____
- All object in work are removed. *Describe* _____
- HVAC ducts closed and covered. *Describe* _____
- Floors in and near the work area covered. *Describe* _____
- All windows and doors in the works area closed. *Describe* _____
- Containment for doors used as entrance to work areas. *Describe* _____

Exterior

- All windows in the work area and within 20 feet of work area closed. *Describe* _____
- All doors in the work areas and within 20 feet of work area closed. *Describe* _____

Ground covered to contain all dust and debris. Describe _____
 Vertical containment. Describe _____

Multi-Story Exterior

All windows and doors below the renovation closed. Describe _____

Waste Storage

All waste from renovation stored under containment. Describe _____
 All waste from renovation transported under containment. Describe _____

Additional/Other Work Practices Describe _____

H. Were (EPA approved) test kits used to determine the presence or absence of lead-based paint? No Yes **If yes, results:**

Brand and Lot #	Test Location	Component Tested	Result Positive	Result Negative	Result Assume Positive/ Inconclusive Test
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional lead test kits were used and additional documentation form is attached to this report.

I. Training Information and Documentation

Check all that apply. Every individual that performs renovation work is required to be trained in lead safe work practices. **Firms shall not recognize on-the-job training from other firms.**

Job site had non-certified workers on site and on-the-job training was provided to them to ensure lead safe renovation was performed.
Name(s) of worker(s) that received on-the-job training: _____

Job site had workers that were certified to do renovations in Iowa.
Name(s) and certification number of worker(s): _____

Not applicable. The certified individual listed in section D of this report was the only renovator.

J. Post-renovation cleaning verification or clearance testing

Each renovation must conclude with post-renovation cleaning verification or clearance testing. Only Iowa certified lead-safe renovators, lead abatement contractors, or lead abatement worker can perform the post-renovation cleaning verification. Only Iowa certified sampling technicians or lead inspector/risk assessors can perform clearance testing. Check one.

Clearance testing. The clearance report from the certified sampling technician or lead inspector/risk assessor must be attached to this renovation report.
 Post-renovation cleaning verification. Visual exam was performed.
 Post-renovation cleaning verification was performed
Date of 1st Test _____ Date of 2nd Test (if applicable) _____ Date of 3rd Test (if applicable) _____
Expiration date of cleaning verification card _____ (month/year)
 Window sills and troughs in all work areas passed the cleaning verification
 Counter tops and bare floors passed cleaning verification

K. Other applicable laws

Federal law requires that any known information about lead-based paint be disclosed when residential properties built before 1978 are sold or leased. Known information would include results from recognized testing kits. If a recognized test kit was used during this renovation, then the property owner will need to disclose this renovation report. In addition to any known information, the brochure, *Lead Poisoning: How to Protect Iowa Families*, or the EPA pamphlet, *Renovate Right*, is required to be given out. The U.S. Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) both enforce the disclosure rule.

Iowa law requires a notification prior to renovations that take place in residential property or child occupied facilities built prior to 1978. The brochure, *Lead Poisoning: How to Protect Iowa Families*, or the EPA pamphlet, *Renovate Right*, is also needed for compliance with these rules.

Check to indicate that the notification and brochure were given prior to this renovation. (Attach a copy of the notification form to this report)

L. Signature

Signature of Iowa certified individual listed in section D of this report Date