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 ____/___/____

As of April certification	ant Information 22, 2010 renovations* that take place in pre-19 is required. This renovation report is required to be kept for 3 years by the lowa certified firm and ce	be completed wi	thin 30-days follow	wing a renova	are regulated and tion. This report is
report may	ation report is always required to be issued to the y also be required to go to other parties if the pied facility.				
O		T	he agency na	me goes h	ere.
Check all the An adu Name(s	It occupant of a renovated unit, that is not owner-oe	cupied.	lormally, this i	s the option	n you will choose.
The per Name(s	son who requested the renovation, if different from	the property owner	or adult occupant.		
	llt representative of a child-occupied facility.				
	tions in a child-occupied facility or in the common a The notice shall include instructions on how the rep			ce that is likely	to be seen shall be
*Simply state	ed, renovation is the modification of any existing structure,	or portion thereof tha	nt results in the distur	bance of painted	d or stained surfaces.
	s Renovated				
Street	City wner(s) Name		,IA <mark> ZipA</mark> Owner Tel		
	wher(s) Name wner Address	City	Owner rei		Zip
	ation Information ertified Firm	Certification	n Number	Eir	m Phone
	ertified Renovator		Number		one
	ntion Information ovation occurred: Br	ief description of re	novation work:		
	Examples: Sidewalls are being blown	from the outcin	lo/incido NE	$\neg T$	
			ie/iiiside, inc		
	lower story window is being replaced,				
The ender report The results	ject have exemptions from lead-based specific on the property was determined to be free of lead-lor executive summary of report) novations were considered to be emergency in natural of the surfaces renovated were negative for leading to the surfaces renovated were negative for all of the surfaces renovated were negative for all of the surfaces renovated were negative for	pased paint by an ure**. (Attach docume ad-based paint who section H)	lowa certified lead mentation of emergentested with an E	d inspector/risl gency) EPA approved	test kit(s). All of the
assess	for using XRF or laboratory analysis. (Attach inspec	If yes, ident	ify the approp	riate reaso	n for exemption.
**Emergency that, if not in	y renovation are not routine failures of equipment or of a nmediately attended to, presents a safety or public health n response to an elevated blood lead (EBL) inspection are	structure that were r hazard or threatens e	not planned but resu quipment or property	ilted from a sudd	den unexpected event
G. Work p	ractices.				
Specific wo	ork practices are required for renovation. Some or a ces that apply and describe if necessary. The desc				
All			Only comple	te this sect	ion if interior
	ng signs posted. Location(s):		work is done		
Work a	area contained. Type of containment:				pplicable, write
	ctures must also be provided for each item checked ects in work area covered. Describe	n) -	"NA".	aa. Ii iiot a	ppilodolo, Willo
All obje	ect in work are removed. Describe				
	ducts closed and covered. Describe				
	in and near the work area covered. Describe dows and doors in the works area closed. Describe		Only compl	lete this se	ction if <u>exterior</u>
	nment for doors used as entrance to work areas. D		work is don	ne that distu	ırbs lead or
Exterior			presumed I	lead. If not	applicable, write
	dows in the work area and within 20 feet of work are		°⊢"NA".		

West Story Externor All withdrovs and doors below the renovation closed. Describe West Story Externor All water from renovation street under containment. Describe All water from renovation-transported under containment. Describe All water from renovation-transported under containment. Describe diditional/Other Work Practices Describe ALWAYS complete when lead safe work practices were perform Were (EPA approved) test kits used to determine the presence or absence of lead-based paint? Were (EPA approved) test kits used to determine the presence or absence of lead-based paint? Were (EPA approved) test kits used to determine the presence or absence of lead-based paint? Test Localion Component Tested Additional lead test kits were used and additional documentation form is attached to this report. Training information and Documentation nex all that apply Every individual that performs renovation work is required to be trained in lead safe work practices. Firms shall to recognize on-the-job training from other firms. Job site had workers that were certified to do renovations in lowa. Name(s) of worker(s) that received on-the-job training. Job site had workers that were certified to do renovations in lowa. Name(s) and gentification number of worker(s): Not applicable. The certified individual listed in section D of this report was the only renovator. Post-renovation cleaning verification or clearance testing. Check one. Clearance testing. The clearance report from the certified sampling technicians or lead inspector/risk assessors must be attached to his renovation cleaning verification. Visual soram was performed. Post-renovation cleaning verification was performed. Post-renovation cleaning verification was performed. Described to the property owner will need to disclose this renovation report. In addition to any known information about lead-based paint to disclosed when residential properties built before 1577. Window will have the property owner will need to disclose the renovation report. I	Ground covered to contain all		<mark>oe</mark>			
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Brand and Lot # Test Location Component Tested Result Result Negative Negat	dutional/other Work Fractices	Describe.				
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