

# STATUS OF COMPLIANCE WITH LEAD-BASED PAINT REGULATIONS

To be submitted with project set-up

## Section 1

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2

### 1. Check applicable box(es):

- |  |  |
|--|--|
| <input type="checkbox"/> 1978 or later Housing (skip to section 3) | <input type="checkbox"/> Lead Hazard Screening |
| <input type="checkbox"/> Lead-based Paint Inspection               | <input type="checkbox"/> Risk Assessment       |

### 2. If inspection / risk assessment was performed:

Name of Inspector / Risk Assessor: \_\_\_\_\_

Organization: \_\_\_\_\_

### 3. Were lead-based paint hazards found?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### 4. Type of lead-based paint hazard reduction activity:

- |  |   |
|--|---|
| <input type="checkbox"/> Standard treatments | <input type="checkbox"/> Interim controls |
| <input type="checkbox"/> Abatement           | <input type="checkbox"/> None             |

### 5. Is relocation necessary?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### 6. Copy of Risk Assessment attached?

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A – copy already submitted |
|------------------------------|-----------------------------|---|

## Section 3

Grantee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_