Documentation of Compliance Worksheet

This worksheet sample or similar documentation may be used as documentation of compliance with rule 420-3-29-.15 Record Keeping and Reporting Requirements of the Renovation Contractor Certification regulations. This form should be completed only for renovations containing lead-based paint and must be kept on file for at least 3 years.

| | ☐ Planned Renovation ☐ Emergency Renovation |
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| Work Practice Standards (420-3-2910 | |
| Occupant Protection: | ance and around work area until post-renovation cleaning |
| Interior: All objects removed All openings, includin Windows and doors Pass-through doors If Including In | in work area closed have proper containment of work area a covered and coverage extended 6 feet if possible d other items free of dust and debris before leaving containment within 20 feet of work area closed have proper containment of work area ending 10 feet from work area and anchored t sufficient to contain falling debris |
| □ Waste properly contained to prevent release of dust and debris before removal from work site Cleaning the work area: □ All chips and debris picked up and sealed in heavy-duty bag □ Protective sheeting misted, folded, taped, and disposed □ Work area cleaned from top to bottom with HEPA vacuum and/or damp cloth | |
| Standards for Renovation Activities (420-3-2911) Provided training to workers on work practices needed to complete assigned tasks Physically present while work area containment established and during work area cleaning Regularly monitoring the integrity of containment barriers Must be available either on-site or by telephone during active renovations Use of an acceptable test kit to determine whether components containing lead are affected Must be able to present proof of Safe State registration | |
| Standards for Post-Renovation Cleaning Visual Inspection performed by accre Windowsill adequately clean Floor and countertops adequately cleans Exterior visual inspection con If dust clearance testing performed of | edited renovator ed uately cleaned mplete |
| Name of Inspector or Risk Assessor: _ | above information is true and complete. |
| | |
| | Date |