## **RECORDKEEPING CHECKLIST**

Name of Firm:	
Date and Location of Renovation:	
Brief Description of Renovation:	
Name of Assigned Renovator:	
Name(s) of Trained Workers, it used:	
Name of Dust Sampling Technician, Inspec	etor, or Risk Assessor, if used:
☐ Copies of renovator and dust sampling to	echnician qualifications (training certificates, certifications) on file
TRAINING	
Certified renovator provided training to we	orkers on (check all that apply):
	Setting up plastic containment barriers
	Avoiding spread of dust to adjacent areas
☐ Waste handling ☐	
WORK PRACTICES    Test kits or paint sampling used by Certif	fied Renovator to determine whether lead was present on components af-
fected by renovation (identify kits used and describe sampling locations and results or note if lead is PRESUMED):	
☐ Warning signs posted at entrance to wor	rk area
☐ Work area contained to prevent spread of	of dust and debris
☐ All objects in the work area removed or	
☐ HVAC ducts in the work area closed and	,
☐ Windows in the work area closed (interior	,
☐ Windows in and within 20 feet of the wo	•
Doors in the work area closed and sealed	
	•
Doors in and within 20 feet of the work area closed and sealed (exteriors)	
	th two layers of plastic to allow passage but prevent spread of dust
☐ Floors in the work area covered with taped-down plastic (interiors)	
ll Ground covered by plastic extending 10 heavy objects (exteriors)	feet from work area—plastic anchored to building and weighted down by
☐ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)	
☐ Waste contained on-site and while being transported off-site	
☐ Work site properly cleaned after renovat	tion
☐ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal	
☐ Work area surfaces and objects cleaned	using HEPA vacuum and/or
wet cloths or mops (interiors)	
	ovation cleaning verification (describe results, including the number of wet and
☐ If dust clearance testing was performed	instead, attach a copy of report
	, including recording keeping checklist and lead test results
☐ I certify under penalty of law that the ab	ove information is true and complete
Name and Title	 Date