State of Maine

Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-7688 FAX (207) 287-6220

Environmental Lead Inspection/ Risk Assessment Summary Form

Due to DEP within 30 days of inspection Revised 2016

Physical Address:				А	pt #:	
City:		State: Maine Zip:				
Property Owner:						
Owner Mailing Address:						
City:		Sta	ate:	Zip:	Telephone #:	
Housing Type: Private	Rental C	hild Care	Other			
uilding Age: Number of Rooms:		: If Rental, Number of Units in Building:			Units in Building:	
Any Renovations Within Past 6 Mon	ths: Yes	No				
Lead Inspector Information:						
Risk Assessor/Lead Inspector Name		ME Certification #:				
Company Name:						
Company Mailing Address:						
City:		Sta	ate:	Zip:	Telephone #:	
XRF Make & Serial Number:		ME Radioactive Materials License #:				
Lead Inspection Information:						
Lead Inspection Date:		Wa	as lead-based	paint detecte	ed: Yes	No
If yes, was lead-based paint on:	Interior	Exterior	Commo	n Areas	Other	
If yes, were lead hazards identified:	Yes	No	Interior	Exterior	Common Areas	Other
If yes, were lead hazards identified: Additional samples collected:		No Dust	Interior Water	Exterior Soil	Common Areas	Other
	Yes				Common Areas	Other
Additional samples collected:	Yes Paint Chip		Water			Other
Additional samples collected: Sample results:	Yes Paint Chip	Dust	Water	Soil		Other
Additional samples collected: Sample results: Was a "Lead-Safe Certificate: issued	Yes Paint Chip d: Yes	Dust No	Water If yes, w	Soil		Other
Additional samples collected: Sample results: Was a "Lead-Safe Certificate: issued Lead Abatement Information:	Yes Paint Chip d: Yes abatement of lead	No No d-based subs	Water If yes, w	Soil that is the exp	oiration date:	Other
Additional samples collected: Sample results: Was a "Lead-Safe Certificate: issued Lead Abatement Information: Does the owner of the building plan	Yes Paint Chip d: Yes abatement of lead	No No d-based subs	Water If yes, wastances:	Soil that is the exp	oiration date:	Other
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