

Ohio Department of Health
Lead Abatement Project Inspection Report

Project Location		Date
Project ID #	Contractor / Project Designer	License #
Name and Signature of Receipt of Report (Print & Sign)		License #

Occupancy Status (Check all that apply)					
<input type="checkbox"/> Vacant	<input type="checkbox"/> Occupants relocated daily	<input type="checkbox"/> Bathroom access available	<input type="checkbox"/> Occupants present at time of inspection	<input type="checkbox"/> Kitchen access available	<input type="checkbox"/> Unknown
Lead Inspection / Risk Assessment					
Was a lead inspection or risk assessment conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, Date: _____ Licensee: _____ License #: _____					
Lead Hazard Control Order (LHCO)					
Was a LHCO issued? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, Date: _____ Issuing Authority: _____					

An inspection of your project today has shown the item(s) marked below with an "X" are not in compliance and represent violation(s) of Chapter 3701-32 of the Ohio Administrative Code (O.A.C.). Violations of the O.A.C. may lead to the director taking action against your lead abatement contractor or project designer license.

<p>1. Prior Notification</p> <input type="checkbox"/> Start dates <input type="checkbox"/> Completion dates <input type="checkbox"/> Days of operation <input type="checkbox"/> Hours of operation <input type="checkbox"/> Project address	<p>6. Worksite Preparation (HUD Chapter 8, Tables 8.1, 8.2, 8.3)</p> <input type="checkbox"/> Pre-cleaning <input type="checkbox"/> Resident location/access requirements <input type="checkbox"/> Containment/barrier system in place <input type="checkbox"/> Warning signs properly posted <input type="checkbox"/> Ventilation systems turned off <input type="checkbox"/> Ventilation systems appropriately sealed <input type="checkbox"/> Furniture removed <input type="checkbox"/> Furniture sealed with a single layer of plastic <input type="checkbox"/> Playground equipment, toys, sandbox removed <input type="checkbox"/> Playground equipment, toys, sandbox sealed with plastic sheeting <input type="checkbox"/> Plastic secured to side of building <input type="checkbox"/> Fencing/barrier tape around work area	<p>9. Exposure Monitoring</p> <input type="checkbox"/> Personal air monitoring records maintained at worksite and performed within past 12 months <input type="checkbox"/> Air sample analysis performed by approved laboratory
<p>2. Licensed Contractor or Project Designer</p> <input type="checkbox"/> On Site during worksite preparation <input type="checkbox"/> On Site during post-abatement cleanup <input type="checkbox"/> Available for immediate consultation <input type="checkbox"/> On Site or On Site within 2 hours	<p>7. Worksite Activities</p> <input type="checkbox"/> Hand washing station available <input type="checkbox"/> Debris stored in locked secure area outside of dwelling <input type="checkbox"/> No prohibited methods in use	<p>10. Respirator Use</p> <input type="checkbox"/> Respirator being worn when required <input type="checkbox"/> Respirator stored properly when not in use
<p>3. Designated Abatement Worker</p> <input type="checkbox"/> On Site <input type="checkbox"/> Same as on Prior Notification	<p>8. Worksite Cleanup</p> <input type="checkbox"/> Ongoing/daily cleaning performed <input type="checkbox"/> Proper cleaning procedures utilized (HEPA vacuum, wet wash, HEPA vacuum) <input type="checkbox"/> Post-abatement cleaning performed	<p>11. Worker Protection/Hygiene (if > PEL)</p> <input type="checkbox"/> No smoking, food/beverage consumption, or cosmetic application in work area <input type="checkbox"/> Clean change area established <input type="checkbox"/> Shower facilities provided <input type="checkbox"/> Eating areas provided <input type="checkbox"/> Appropriate personal protection equipment worn
<p>4. License and Records, On Site</p> <input type="checkbox"/> Daily sign-in log *If item is marked, see the attached log sheet: * <input type="checkbox"/> Valid license card * <input type="checkbox"/> Physician's written opinion * <input type="checkbox"/> Respirator fit test dates <input type="checkbox"/> Lead Hazard Control Order		<p>12. Encapsulation Product</p> <input type="checkbox"/> Approved encapsulation product in use <input type="checkbox"/> Patch test performed
<p>5. Pre-abatement Plan, On Site (project specific)</p> <input type="checkbox"/> Occupant protection plan <input type="checkbox"/> Compliance plan <input type="checkbox"/> Respiratory protection plan <input type="checkbox"/> Hazard communication plan		<p>13. Clearance</p> <input type="checkbox"/> Ensure clearance examination performed <input type="checkbox"/> Residents permitted into work area only after cleaned & clearance passed

Remarks
<input type="checkbox"/> Yes <input type="checkbox"/> No Project meets minimum requirements of 3701-32 OAC.

Inspector	Date of Inspection	Time of Inspection
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