

**NC Lead-Based Paint Program for Renovation, Repair and Painting  
(SUPPLEMENTAL SHEET) Guidance Document - Recordkeeping Checklist**

Project Date: \_\_\_\_\_ Target Housing  Child-Occupied Facility (COF)  Project/Job Number: \_\_\_\_\_

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

Name NC Certified Lead Renovator: \_\_\_\_\_ NC Certified Lead Renovator No.: 17- \_\_\_\_\_

**Renovator Testing:**

**EPA – Recognized Lead Test Kit Documentation**

**Note: Painted or coated surfaces are assumed to contain lead unless tested. Check if Assumed LBP**

Name of Kit Used: \_\_\_\_\_ Serial/Lot Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (if applicable)

List the Room Location(s), All Component(s), and the Results of each test.

Date	Sample No.	Room	Component	LBP: Yes or No

**Paint Chip Sampling Documentation**

List the Room Location(s), All Component(s) and the Results of the testing. LBP is 0.50% (5000 PPM) or Greater

Date	Sample No.	Room	Component	Dimension (cm)	Area (cm <sup>2</sup> )	LBP: Yes or No

**Note:** Attach copy of analysis results from NLLAP laboratory. (Find NLLAP labs at: <https://www.epa.gov/lead/national-lead-laboratory-accreditation-program-list>)

**Disclaimer:** The information reflected on this recordkeeping checklist is provided as a resource tool only and the checklist itself is not required to be used. It is subject to change without notice. The information contained in this or future versions are not intended to be all inclusive and should not be interpreted as such. All applicable renovation activities must comply with the North Carolina General Statutes §130A-453.22-453.31 and the rules adopted to implement the Lead-Based Paint Hazard Management Program for Renovation, Repair and Painting (LHMP-RRP) 10A NCAC 41C .0900. For questions regarding the LHMP-RRP, contact the Health Hazards Control Unit at (919) 707-5950, email: [general.hhcu@dhhs.nc.gov](mailto:general.hhcu@dhhs.nc.gov) or visit our website at: <https://www.dph.ncdhs.gov/programs/environmental-health/health-hazards-control-unit/lead>.

**NC Lead-Based Paint Program for Renovation, Repair and Painting  
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Project Date: \_\_\_\_\_

Project/Job Number: \_\_\_\_\_

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

Name NC Certified Lead Renovator: \_\_\_\_\_ NC Certified Lead Renovator No.: 17- \_\_\_\_\_

**Cleaning Verification (CV) Documentation (Refer to EPA CV card for Steps)**

Exterior: Visual Inspection: Date Passed: \_\_\_\_\_ N/A: \_\_\_\_\_ No exterior work conducted

**Note:** In order to pass an exterior visual inspection there can't be any visible debris, paint chips or residue on surfaces in or below the work area.

Interior: Visual Inspection: Date Passed: \_\_\_\_\_ N/A: \_\_\_\_\_ No interior work conducted

**Note:** In order to pass an interior visual inspection there can't be any visible debris, paint chips or residue on any surfaces, including all objects and surfaces in the work area and within two feet of the work area. For interior work use the appropriate number of wet/dry wipe(s) for **each window sill, uncarpeted floor and countertop** surface inside the work area. List each of the areas or rooms (ex. bedroom, living room, hallway, etc.) where cleaning verification was performed in the following table(s). If dust clearance was performed in lieu of cleaning verification, attach a copy of the results.

Interior Cleaning Verification	Area/Room	Mark column Pass (P), Fail (F) or Not Applicable (N/A) or leave blank			Interior Cleaning Verification	Area/Room	Mark column Pass (P), Fail (F) or Not Applicable (N/A) or leave blank		
		First Wipe	Second Wipe	Dry Wipe			First Wipe	Second Wipe	Dry Wipe
Number of Window Sills					Number of Window Sills				
Number & Size Uncarpeted Floors					Number & Size Uncarpeted Floors				
Number of Countertops					Number of Countertops				
**Other Surfaces					** Other Surfaces				
Date Completed					Date Completed				

Interior Cleaning Verification	Area/Room	Mark column Pass (P), Fail (F) or Not Applicable (N/A) or leave blank			Interior Cleaning Verification	Area/Room	Mark column Pass (P), Fail (F) or Not Applicable (N/A) or leave blank		
		First Wipe	Second Wipe	Dry Wipe			First Wipe	Second Wipe	Dry Wipe
Number of Window Sills					Number of Window Sills				
Number & Size Uncarpeted Floors					Number & Size Uncarpeted Floors				
Number of Countertops					Number of Countertops				
** Other Surfaces					**Other Surfaces				
Date Completed					Date Completed				

\*\* Other surfaces the renovator may choose to perform CV on, but are not required by regulatory work practice.