

# NC Lead-Based Paint Program for Renovation, Repair, and Painting Guidance Document - Recordkeeping Checklist

Project Date(s): \_\_\_\_\_ Project/Job Number: \_\_\_\_\_

Target Housing  Child-Occupied Facility (COF)  Year Built: \_\_\_\_\_

Name of Owner/Occupant: \_\_\_\_\_

Complete Address of Owner: \_\_\_\_\_

Physical Address of Renovation (If Different): \_\_\_\_\_

Description of Renovation or Scope of work (attach a copy if available): \_\_\_\_\_

If an emergency renovation, describe the nature of the emergency and document the provisions of the NC-RRP Rules that were not followed: \_\_\_\_\_

Name of NC Certified Lead Renovation Firm: \_\_\_\_\_

NC Certified Lead Renovation Firm Number: (Example: RRP-124) \_\_\_\_\_ (Attach Copy of Firm Certificate)

Name of NC Certified Lead Renovator Assigned to Project: \_\_\_\_\_

NC Certified Lead Renovator Number: (Example: 172469) \_\_\_\_\_ (Attach Copy of Renovator Letter)

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## NC Certified Lead Renovator provided lead safe training to workers on (mark all that apply):

\_\_\_\_\_ Posting Warning Signs (Occupant Protection Plan)

\_\_\_\_\_ Setting Up & Maintaining Containment(s) / Interior / Exterior

\_\_\_\_\_ Using Personal Protection Equipment \_\_\_\_\_ Prohibited & Restricted Work Practices

\_\_\_\_\_ Isolate Work Area, Remove or Cover Objects, Close Windows/Doors, Close & Cover Duct Openings, Cover Floors or Ground (Avoid Spreading of Lead Dust to Adjacent Areas)

\_\_\_\_\_ Post-Renovation Cleaning (Interior/Exterior) \_\_\_\_\_ Waste Handling

Other \_\_\_\_\_

Name(s) of Lead Safe Trained Worker(s), if used: \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_ (Attach list if needed)

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## Pre-Renovation Education - (select method used):

\_\_\_\_\_ Obtained written acknowledgment of receipt of pamphlet - Attached "Renovate Right pamphlet - Pre-Renovation Form" with signature of owner/occupant and renovator or renovator's self-certification (for tenant-occupied dwelling only) prior to starting work **OR**,

\_\_\_\_\_ Documented certificate of mailing at least 7 days prior to starting renovation but no earlier than 60 days prior to starting work **OR**,

\_\_\_\_\_ For Child-Occupied Facility (COF) or common area renovations, posted pamphlet & information signs with general nature of work, location of work, start and completion dates and how parents & guardians can review or obtain a copy of the Renovate Right pamphlet, project records and reports at no cost. Firm prepared signed & dated statement describing steps to inform all parents & guardians of intended renovation.

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**Lead-Based Paint (LBP) Testing or Inspection Results (select method used):**

Painted or coated surfaces are assumed to contain Lead-Based Paint (LBP) unless tested.

I. Check if Assumed LBP  N/A

II: Was a LBP inspection or written determination done by a NC Certified Lead Inspector/Risk Assessor?

Yes  N/A  (If yes, attach a copy of the inspection report or written determination)

III. Did a NC certified renovator test for lead using an EPA recognized test kit? Yes  N/A

If yes, you must provide LBP testing results in writing to the person who contracted for the renovation **prior** to starting work.

Results provided: Yes  N/A  Date provided \_\_\_\_\_

Record testing results below. Use supplemental sheets to record additional testing results if needed.

**Renovator Testing:**

**EPA – Recognized Lead Test Kit Documentation**

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. Usually minimum 1 square inch (in<sup>2</sup>) sample needed, check with NLLAP laboratory.

Date	Sample No.	Room	Component	Dimension (inches)	Area (in <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>)**

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

Physical Address of Renovation: \_\_\_\_\_

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## (Mark All That Apply)

### General Work Practices:

- Warning signs posted at entrance to work area
- Work area contained to prevent spread of dust and debris
- Work site properly cleaned after renovation
- Personal Protective Equipment (used as needed - disposable suits/booties, etc.)
- Washing station provided (face and hand washing)
- At the conclusion of each work day, waste contained on-site is stored to prevent access and release of dust or debris. Waste contained while being transported off-site.

### Interior work:

- All objects in the work area removed or covered with plastic with edges/seams sealed
- Ducts (e.g., HVAC, etc.) in the work area closed, covered with plastic and sealed
- Windows in the work area closed
- Doors in the work area closed and sealed
- Doors used to enter the work area are covered to allow passage of workers, but prevent spread of dust
- Floors in the work area covered with taped-down plastic, minimum 6 feet from renovated surface
- Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops

### Exterior Work:

- Closed windows and doors in and within 20 feet of the work area
- Doors used to enter the work area are covered to allow passage of workers, but prevent spread of dust
- Ground covered by plastic sheeting extending 10 feet or more from work area – plastic sheeting anchored to building and edges weighed down
- Vertical containment erected if the renovation will affect surfaces within 10 feet of the property line or extra precautions were taken to prevent migration of dust and debris to adjacent property
- All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal

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## Cleaning Verification (CV) Documentation - Refer to EPA CV Card for Steps (Use supplemental sheets to record additional CV results if needed)

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.

<b>(Example)</b> Interior Cleaning Verification	Area/Room	Mark column Pass (P), Fail (F) or Not Applicable (N/A) or leave blank		
	<b>Kitchen</b>	First Wipe	* Second Wipe	*Dry Wipe
Number of Window Sills	2	S1-Pass S2-Fail	S2-Pass	N/A
**Number & Size Uncarpeted Floors	1 **(48 ft <sup>2</sup> )	F1-P (24 ft <sup>2</sup> ) F2-P (24 ft <sup>2</sup> )	N/A	
Number of Countertops	2	C1-P C2-F	C2-F	C2-P
*** Other Surfaces	Pantry shelving	P		
Date Completed		3/4/2014	3/5/2014	3/5/2014

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
Number of Window Sills				
**Number & Size Uncarpeted Floors				
Number of Countertops				
*** Other Surfaces				
Date Completed				

**Example:** S1 represents 1<sup>st</sup> sill wiped, S2 represents 2<sup>nd</sup> sill wiped, F1 represents 1<sup>st</sup> surface wipe on floor and so on.

**\*Second wet wipe (if needed) conducted only after re-cleaning the failed work area(s). Dry wipe (if needed) used only after second wet wipe failure and after re-cleaning the failed work area. Allow surface to dry or wait 1 hour (whichever is longer) before performing dry wipe.**

**\*\*For surface areas greater than 40 ft<sup>2</sup>, divide the area roughly into equal sections (each area less than 40 ft<sup>2</sup>) and use a separate wipe for each area.**

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

**Note:** The NC certified lead renovation firm is required to submit a copy of information, documenting compliance, to the building owner, or if different, the owner or occupant, upon delivery of final invoice or within 30 days after completing the renovation, whichever is earlier. Date when a copy of records were provided to owner or occupant:\_\_\_\_\_. Owner signature/acknowledgement:\_\_\_\_\_

I certify that the information provided on this checklist is true and complete:

\_\_\_\_\_  
Name and title NC Certified Renovator

\_\_\_\_\_  
Date

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.ncdhhs.gov/programs/environmental-health/health-hazards-control-unit/lead>.