**Lead Clearance Examination Report**

**Performed On:** [Date], [Time]

**For site located at:**

[Street address], [Unit number, if applicable]

[City, WI Zip code]

**Owners Name:**

[Owner’s name]

**j0185604**

**(insert picture of Clearance Property above)**

[Contractor Company Name] DHS Certification #: [xxxxx]

[Contractor Company Address]

[City], WI [Zip]

[Phone]

[Name of Abatement Supervisor (or Renovator)] DHS Certification #: [xxxxx]

**Clearance Performed By:**

[Name of clearance investigator], DHS Certification #: [xxxxxx], [Job title]

[Company/municipality name]

[Street address]

[City, WI Zip code]

[Phone number]

DHS lead company certification number: [xxxxxx]

**(Note: Complete all items in RED brackets [], as appropriate, then delete the brackets. Items in parentheses () are instructions. Delete any remaining comments in RED before saving the final version of this clearance report.**

**Description of work performed: (Work completion date is the last day work was done that disturbed Lead Based Paint)**

(Edit based on the type of work that was done) [abatement and/or interim control] work was started on [date] and all work was completed on [date]. The scope of work included: (Describe scope of work or copy and paste from section 7.0 of the risk assessment report.)

Paint Hazards

* Windows – Replaced
* Windows – Interim Controls all interior casings, all interior sills
* Windows – Enclosed all exterior trim
* Kitchen – Interim Controls wainscoting sides B, C, and D
* Ceiling – Interim Controls bathroom
* Bedroom 2 – Replaced closet door, jamb, and casing
* Screen door – Replaced entrance on side B
* Siding – Enclosed entire garage and side A of dwelling

Dust Hazards

* Window – Cleaned all interior sills throughout the dwelling

Soil Hazards

* Play area – Removed soil under swing set

**Visual inspection of the interior:** (Enter a statement that no interior work was done and delete the paragraphs if no work was done on the interior.)

(Edit to describe results of interior visual inspection. Delete paragraphs that do not apply)

On [date], a visual inspection was conducted in the (list rooms inspected) [kitchen, living room, dining room, bedrooms, bathroom, hallway, stairwell, enclosed porch, basement, attic.] No visible dust, debris, or paint chips were observed on floors or any horizontal surfaces in the work areas and adjacent to the work areas. All painted surfaces not previously tested to be lead-free were in good condition at the time of this clearance examination.

On [date], a visual inspection was conducted in the (list rooms inspected) [kitchen, living room, dining room, bedrooms, bathroom, hallway, stairwell, enclosed porch, basement, attic]. Visible dust, debris, or paint chips were found on the (list surfaces and rooms) [example: floor and window trough in the bathroom and carpet in bedroom 2]. Clearance of the property failed and the contractor was notified of the responsibility to re-clean.

**Visual inspection of the exterior:** (Enter a statement that no exterior work was done and delete the paragraphs if no work was done on the exterior.)

(Edit section to describe results of exterior visual inspection. Delete the paragraphs that do not apply)

On [date], a visual inspection of the exterior found no dust, debris, or paint chips on the ground or on horizontal surfaces in the work areas and adjacent to the work areas. All painted surfaces not previously tested to be lead-free were in good condition at the time of this clearance examination.

On [date], a visual inspection of the exterior found paint chips on the ground in the work areas and adjacent to the work areas. Clearance of the property failed and the contractor was notified of the responsibility to re-clean.

[**NOTE:** DHS 163.14(5)9 requires this report to be delivered to the contractor and the property owner within 10 working days after abatement activities are completed or receipt of laboratory results, whichever is later. If final clearance cannot be achieved within that time, additional clearance reports must be written. This report may be updated by adding the new sample analysis information after initial clearance results if additional reports are necessary.]

**Summary of Dust Sample Analysis:**

Dust wipe samples were collected following documented protocol and sampling methodologies found in Wisconsin Admin. Code ch. DHS 163 and Appendix 13.1 Wipe Sampling of Settled Dust for Lead Determination found in the U.S. Department of Housing and Urban Development (HUD) “Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing.” The field collection of settled dust samples using wipe sampling methods is used to determine the presence of lead dust hazards on floors, windowsills, and window troughs in a residential structure. In Wisconsin, to pass clearance floors, window sills and window troughs must have laboratory sample results showing all sampled surfaces have amounts of lead dust less than (<) 10 micrograms per square foot (µg/ft²) on floors, 100 µg/ft² on windowsills, 100 µg/ft² in window troughs and 40 µg/ft² on an exterior porch.

On [date], a total of [xx] dust wipe samples were collected and analyzed. One field blank sample anonymously marked was included and analyzed as a quality control check. Samples were analyzed by the:

Wisconsin Occupational Health Laboratory (WOHL)

2601 Agriculture Drive

Madison, WI 53718

608-224-6210

Accreditation ID: LAP-101070

(Use the appropriate findings (1 or 2) below based on the sampling results.)

**Wipe Sampling Summary Table (Blanks must be <5.0** µg/ft² and use 12 x 12 for a measurement**)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sample #** | **Room** | **Sample Location** | **Results** | **Standard** | **Pass / Fail** |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |
|  |  |  | µg/ft² | µg/ft² |  |

**[Finding 1]** (Use if ***all*** dust wipe sampling results pass the clearance standard on the first attempt and no new areas of deterioration are found.)

**Findings:**

Based on the results of a visual inspection and laboratory analysis of dust wipe samples, no lead hazards were identified. **This property has passed clearance.** Future activities in and around the property may create new lead hazards or cause lead hazards corrected with interim control methods to reappear.

**[Finding 2]** (Remove this finding and table below if clearance passes the first time. Use if one or more wipe samples fails the clearance standard**.)**

**Findings:**

Based on the results of laboratory analysis of dust wipe samples, lead dust hazards were identified in the (list rooms and components that failed) [kitchen floor, living room carpet, and bedroom 2 window trough]. **This property failed clearance.** The contractor was notified of their responsibility to re-clean all failed components and all like components in all un-sampled rooms.

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## Soil Sampling (Delete this section if new topsoil was not used)

Soil samples were collected following documented protocol and sampling methodologies found in Wisconsin Administrative Code DHS 163 and Appendix 13.3 Collecting Soil Samples for Lead Determination found in the HUD Guidelines. A composite soil sample was collected from the new topsoil used to treat existing soil hazards identified. In Wisconsin, soil that is replaced or added must have a lead concentration of less than 400 parts per million (ppm). **(Locations of soil samples must be included on the site/floor plan.)**

On [date], a composite soil sample was collected and analyzed by the:

Wisconsin Occupational Health Laboratory (WOHL)

2601 Agriculture Drive

Madison, WI 53718

608-224-6210

Accreditation ID: LAP-101070

**Soil Sample Summary Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample #** | **Sample Location** | **Results** | **Standard** |
|  |  | ppm | ppm |

**Monitoring/Maintenance**

Regularongoing monitoring and visual inspection of the property should be conducted to identify any areas of new deterioration. This may be done by the home owner or a certified risk assessor or hazard investigator. Close attention should be given to all areas that received interim control measures, enclosure or encapsulation. New lead hazards may develop over time. Document any new deterioration, rot, and substrate or component failure. These conditions should immediately be corrected using approved lead-safe work practices with an ongoing property maintenance program.

**Disclosure Requirement**

A copy of this summary must be provided to new lessees (tenants) and purchasers of this property under Federal Law Section 1018 of Title X before they become obligated under a lease or sales contract. The complete report must also be provided to new purchasers and be made available to new tenants. Landlords (lessors) and sellers are also required to distribute an educational pamphlet and include standard warning language in their leases or sales contracts to ensure that parents have the information they need to protect their children from lead-based paint hazards.

**Clearance Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Signature]

(If needed, add another signature line for an additional clearance investigator)

Contact me at [phone number and email address] with any questions regarding this report.

Cc: Owner

Tenant, if rental property

**Attachments**

Floor plan with all sample locations marked – Required (use master floor plan from risk assessment)

Copy of lab results – Required

Pictures – Required for HUD projects (recommended for all projects).