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| **About this Tool**  The *Lead Screening Worksheet* is intended to guide agencies through the lead-based paint inspection process to ensure compliance with the rule. The recipient agency can use this worksheet to document any exemptions that may apply. The accompanying *Lead Visual Assessment Worksheet* can be used to document whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the Lead Screening Worksheet and the Lead Visual Assessment Worksheet (if applicable) along with any related documentation must be kept in the client file.  **Instructions**  To prevent lead-poisoning in young children, the recipient agency must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, parts A, B, H, J, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed.    **Note:** All pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements. | | |
| Agency name: |  |
| Client household name: |  |
| Property address:  Street address and apt # (if applicable)  City, State, Zip: |  |

**Additional Exemptions**

If the answer to any of the following questions is “yes,” the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet **and all supporting documentation** for each exemption in the client file.

1. Is this unit a zero-bedroom or SRO unit? □ Yes □ No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

□ Yes □ No

1. Has this unit had all lead-based paint identified and removed in accordance with HUD regulations?

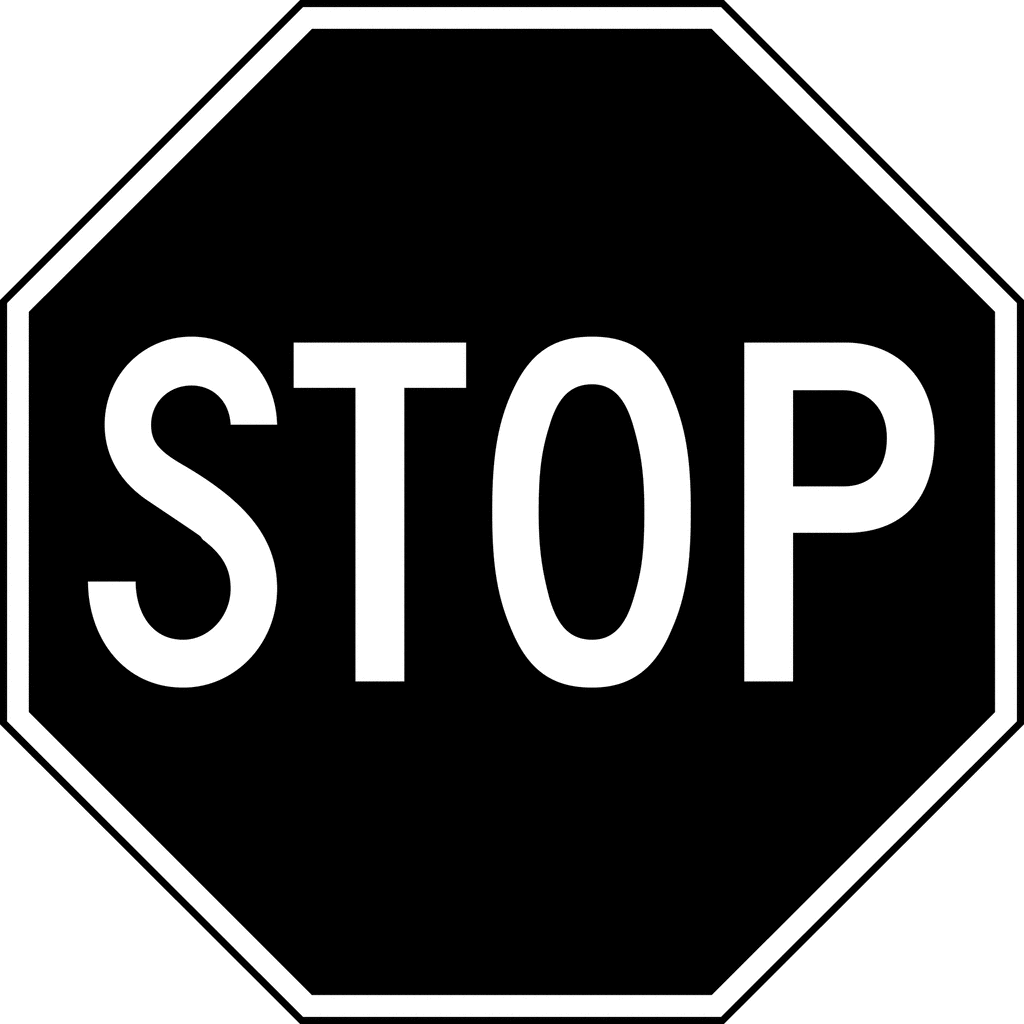
□ Yes □ No

1. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher)?

□ Yes □ No

1. Does this property meet any of the other exemptions described in 24 CFR 35.115(a)?

□ Yes □ No

If the answer to any of the above questions is “yes,” stop. No further action is needed.

If the answer to all of these questions is “no,” then continue on to the Visual Assessment Worksheet.

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lead Visual Assessment Worksheet**

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| **Instructions**  The lead visual assessment is used to determine if there are any identified problems with paint surfaces. The recipient agency must conduct a visual assessment prior to providing financial assistance to the unit.  **Prior to conducting visual assessments, the recipient agency staff responsible for conducting assessments must complete training on HUD’s website at:**  [**http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm**](http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm)  The initial visual assessment should be conducted at the same time the inspection of the unit is conducted, with the inspector/assessor noting any problems with painted surfaces. Once the assessment has occurred, complete the section below and place in the client file along with any additional documentation.  If any problems with paint surfaces are identified during the initial visual assessment, then continue to Page 2 to determine whether safe work practices and clearance are required. | |
| Agency name: |  |
| Client household name: |  |
| Property address  Street address and apt # (if applicable)  City, State, Zip: |  |
| Date of inspection/assessment: |  |

**□ Initial Visual Assessment & Certification** **□ Follow-up Visual Assessment & Certification**

1. Has a visual assessment of the unit been conducted? □ Yes □ No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?

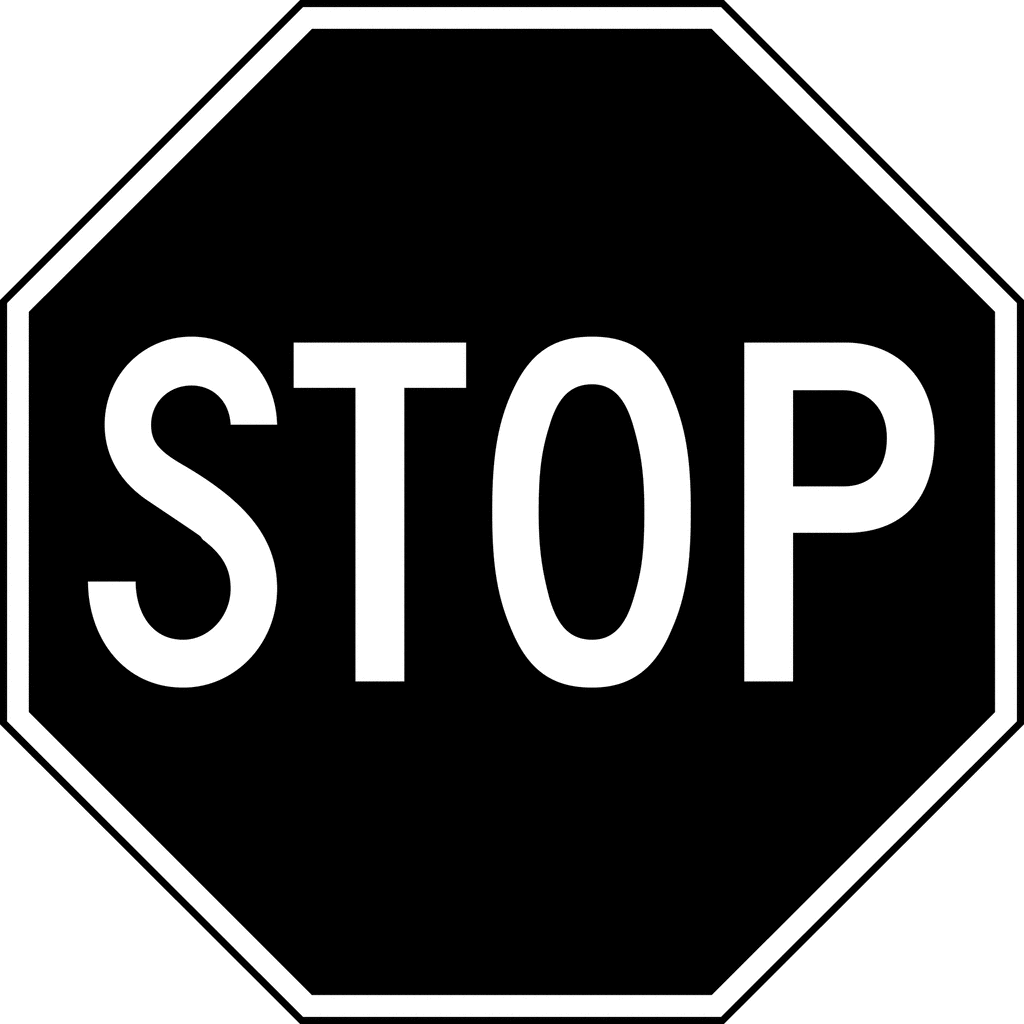
□ Yes □ No

I certify the following:

* I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor.
* I conducted a visual assessment on the above unit, on the above inspection/assessment date.
* \_\_\_\_ Yes, or \_\_\_\_No problems with paint surfaces were identified in the unit/common areas.

Lead assessor’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead assessor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no problems with paint surfaces were identified, stop. No further action needed. Place this worksheet certification in the client file.

If problems with paint surfaces were identified, then determine if the client should choose another unit or if repairs will be attempted. If repairs will be attempted, continue to the De Minimus Level Worksheet.

**De Minimus Level Worksheet**

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| **Instructions**  All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the “de minimus levels,” the use of lead safe work practices and clearance is also required.  If deteriorating paint exists but the area of paint to be stabilized does not exceed the “de minimus levels”, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.  Complete the information below to determine if the deteriorated paint exceeds the “de minimus levels” and place this worksheet, along with any supporting documentation, in the client file. | |
| Agency name: |  |
| Client household name: |  |
| Property address  Street address and apt # (if applicable):  City, State, Zip: |  |
| Date of inspection/assessment: |  |

1. For exterior surfaces, is the deteriorated paint at least 20 square feet in area? □ Yes □ No
2. For interior surfaces, in one room or space, is the deteriorated paint at least 2 square feet in area?

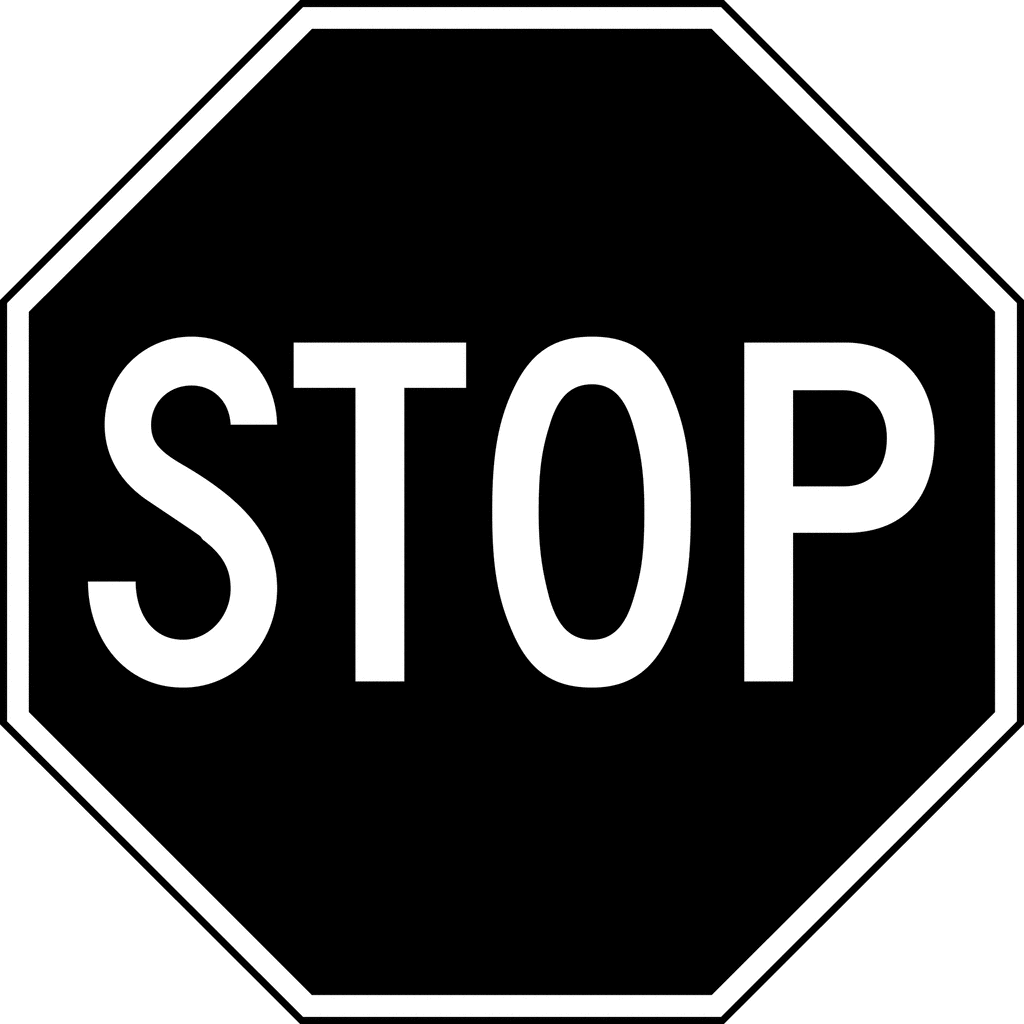
□ Yes □ No

1. For both exterior and interior surfaces, is the deteriorated paint at least 10% of the total surface area on a component with a small surface area, such as a window sill, baseboard, door, handrail, or trim?

□ Yes □ No

Lead assessor’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead assessor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer to all of the above are “no,” then, stop, place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, paint must be repaired and/or stabilized; however safe work practices and clearance are not required. Once repairs are made, conduct a follow-up visual assessment, and complete the Paint Stabilization Confirmation Worksheet.

If the answer to any of the above questions is “yes,” then place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, safe work practices and a clearance inspection must be conducted by an independent certified lead professional. **Please note**, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Once repairs are made and clearance inspection is complete, conduct a follow-up visual assessment, and continue to the Paint Stabilization Confirmation Worksheet.

**Paint Stabilization Confirmation Worksheet**

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| **Instructions**  Recipient agency staff should work with property owners and/or managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the “de minimus level”, safe work practices and a clearance inspection are not required (though safe work practices are always recommended). In these cases, the recipient agency should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.  If the area of paint to be stabilized exceeds the “de minimus level”, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.  Complete a follow-up lead visual assessment and then complete this confirmation worksheet and gather supporting documentation such as a copy of the clearance inspection report, a copy of the certified inspector’s credentials, and documentation safe work practices were used in the stabilization efforts and place them in the client file. | |
| Agency name: |  |
| Client household name: |  |
| Property address  Street address and apt # (if applicable)  City, State, Zip: |  |
| Date of initial inspection/assessment: |  |
| Date of follow-up inspection/assessment: |  |

1. Has a follow-up visual assessment of the unit been conducted? □ Yes □ No
2. Have all identified problems with the paint surfaces been repaired? □ Yes □ No
3. Were paint surfaces repaired using safe work practices? □ Yes □ No □ N/A
4. Was a clearance inspection conducted by an independent, certified lead professional?

□ Yes □ No □ N/A

1. Did the unit pass the clearance inspection? □ Yes □ No □ N/A

Lead assessor’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead assessor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This worksheet, as well as all other lead worksheets, and all supporting documentation should be maintained in the client file.