

LEAD-BASED PAINT CERTIFICATION

Client Name: _____

Unit Address: _____ City, State & Zip: _____

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- The household has received the pamphlet, "Protect Your Family from Lead in Your Home"

- I. Need for assessment:** Was the leased property constructed before 1978, AND will a child under the age of six or a pregnant woman be residing in the unit? (Certain other exemptions apply; if applicable, document the exemption.)
 - Yes – Conduct visual assessment
 - No – Do not conduct visual assessment (STOP; sign to certify below)

II. Initial visual assessment:

- I conducted a lead-based paint visual inspection on (date):
- Unit and common areas pass the lead-based paint visual assessment (STOP; sign below).
- No – The property fails assessment - problem surfaces are under de minimus levels and the landlord has been given information on how to repair the surfaces to meet standards.
- No – The property fails assessment - problem surfaces exceed de minimus levels and the landlord has been given information on the steps necessary to meet standards, using leadsafe work practices and clearance by an independent certified lead professional.

(De minimus levels are: 20 square feet on exterior surfaces; OR 2 square feet in any one interior space; OR 10% of the surface area of any small interior or exterior surface, such as a window sill.)

III. Follow-up assessment or clearance exam, if the unit did NOT pass the initial assessment:

- A follow-up visual assessment of the property was conducted on (date):
- All identified problems with the paint surfaces were repaired.
- Identified problems were repaired using certified safe work practices, if required.
- Not applicable; did not exceed de minimum levels.
- A clearance exam was conducted by an independent, certified lead professional, if required.
 - Not applicable; did not exceed de minimum levels.
- The unit passed the clearance exam (include copy in client file).
 - Not applicable; did not exceed de minimum levels.

By signing below, I certify the above information is true:

Evaluator's Name

Signature

Date