	Your Compan	y Name
Georgia or E	PA Certification Number	Certification Expiration Date
	Project Na	ime
	Locatio	n
rk Dates		То
ed Renovator:		
Georgia or E	PA Certification Number	Certification Expiration Date
Georgia or E	PA Certification Number	Certification Expiration Date
Georgia or E	PA Certification Number	Certification Expiration Date
Georgia or E	PA Certification Number	
Georgia or E		



PROJECT SUMMARY

Project Name			
Location			
Owner or Manager (circle one) N	ame		
Owner Address (if different than p	project site)		
Office Phone C	cell	_ Email	
Single-Family Residence _	Multi-Family Re	sidence # of Units	_Child Occupied Facility
Age of Structure	Verified By _		
Scope of Work:			
Other Contractors/Companies		Contact Person	Contact Phone #
Certified Renovator			
		Expiration D	
Non-Certified Trained Workers			
Planned Start		Planned Finish	
Actual Start		Actual Finish	

Comments



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Pre-Renovation Education Forms for Georgia Residential Structures

For compliance with the requirements of the Georgia Lead-Based Paint Hazard Management Rules, Chapter 391-3-24.

Acknowledgement of Receipt Owner or Occupant have received a copy of the <i>Renovate Right</i> pamphlet informing me of the potential risk of the lead ard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet ore the work began.	roject Site Name:	
Owner or Occupant have received a copy of the <i>Renovate Right</i> pamphlet informing me of the potential risk of the lead ard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet ore the work began.	ddress:	
Owner or Occupant have received a copy of the <i>Renovate Right</i> pamphlet informing me of the potential risk of the lead ard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet ore the work began.		
have received a copy of the <i>Renovate Right</i> pamphlet informing me of the potential risk of the lead ard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet ore the work began.	·	
ard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet ore the work began.	Owner or Occupant	
nted Name of Owner or Occupant (circle one)		
	Printed Name of Owner or Occupant (circle one)	
dress Unit #	Address Unit #	
nature of Owner or Occupant (circle one)	Signature of Owner or Occupant (circle one)	
e of Receipt	Date of Receipt	
nted Name of Person Certifying Delivery	Printed Name of Person Certifying Delivery	
nature of Person Certifying Delivery	Signature of Person Certifying Delivery	
idial of Ferson certifying Delivery	Signature of Ferson sertifying Delivery	



Pre-Renovation Education Forms for Georgia Child-Occupied Facilities Structures

For compliance with the requirements of the Georgia Lead-Based Paint Hazard Management Rules, Chapter 391-3-24.

roject Site Name:	
ddress:	
	Acknowledgement of Receipt
C	Owner, Manager or Management Representative
• •	the <i>Renovate Right</i> pamphlet informing me of the potential risk of the lead ovation activity to be performed in my dwelling unit. I received this pamphlet
Printed Name of Owner, N	Manager, or Management Representative (circle one)
Address	Unit #
Signature of Owner, Mana	nger, or Management Representative (circle one)
Date of Receipt	
Printed Name of Person Co	ertifying Delivery
Signature of Person Certify	ying Delivery



Attempted Delivery

Renovator's Self-Certification Option (for tenant-occupied dwellings only)

Instruction to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

☑ Declined – I certify that I have made a good faith effort to deliver the *Renovate Right* information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☑ Unavailable for Signature – I certify that I have made a good faith effort to deliver the *Renovate Right* information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by

?	Sliding	it	Under	the	Door
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Delivered to Each Mail B	ЮХ
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Printed Name of Person Certifying Delivery

Other

(Complete method used to deliver pamphlet)

Attempted Delivery Date	
Address	Unit #

Signature of Person Certifying Lead Pamphlet Delivery



Certificat	tion of Mailing									
I certify that I mailed the <i>Renovate Right</i> pamphlet renovation began.	t to the following person at least 7 days before									
Method Mailing Examples: US Certified Mail, Email, Overnight Package/Letter, or Delivery Service (DHL, UPS, etc) Attach a copy of emails & acknowledgement of receipt										
Date of Mailing										
Date of Acknowledgement of Receipt/Delivery										
Printed Name of Person Certifying Deliver	Signature of Person Certifying Delivery									
to the owner and/or tenants. Pamphlet must be m	ry in person, you may mail the <i>Renovate Right</i> pamphlet nailed at least 7 days before renovation. Mailing must e post office, other delivery service, or by email if both are obtained.									



Renovation Notice

For use in notifying tenants of renovation in common areas of multi-family housing. The following renovation activities will take place in the following locations: Activity (such as sanding, window replacement, etc.) Location (such as lobby, recreation center, etc.) The expected starting date is _____ and the expected ending date is _____ Because this is an older building constructed before 1978, some of the paint disturbed during the renovation may contain lead paint. You may obtain a copy of the pamphlet Renovate Right like the one posted with this notice by telephoning me at ______. Please leave a message and be sure to include your name, phone number, and address. I will either mail you a pamphlet or slide one under your door. Please do not take the Renovate Right pamphlet from here. Date Posted Date Signage Removed Name Certified Renovator Picture of Notice



			Page	of
Lead Check® Te	st Kit Docur	nentation Form		
Project Site Name:				<u> </u>
Use the following blanks to identify the tests kits used Test Kit # Manufacturer: Model: Expiration Date: N/A	Manufactur Serial #/ Lot 	er Date/Inspection Dat		
Test Location # Date of Test: Description of Test Location: Result: Is Lead Present? (Circle Only One)				
Test Location # Date of Test: Description of Test Location: Result: Is Lead Present? (Circle Only One)				
Test Location # Date of Test: Description of Test Location: Result: Is Lead Present? (Circle Only One)				
Test Location # Date of Test: Description of Test Location:				
Result: Is Lead Present? (Circle Only One)	YES NO	Presumed		
Comments				A.



D Le	ead ® Paint Test I	Kit Record Keep	Page	of
Project Site Name:		Unit #		_
Address:				_
Certified Renovator Name:				_
EPA or Georgia Certified (Circle one)	Certi	fication #	Exp. Date	
Manufacturer:Product Name:Part/Product #				
Lot #:				
Lot #:				
Test Location #: Description of Test Location:				
Result: Is Lead Present? (check one)	□ No Lead Detected	□ Low Lead (Lead Present - Below USEPA Regulated Lead)	□ Positive For Lead	
Test Location #:	Date	of Test:	Lot: □ A or □ B	
Description of Test Location:				
Result: Is Lead Present? (check one)				
Test Location #:	Nata (of Test:	Lot: DA or DB	
Description of Test Location:				
Result: Is Lead Present? (check one)	□ No Lead Detected	□ Low Lead (Lead Present - Below USEPA Regulated Lead)	□ Positive For Lead	
Test Location #:	Date	of Tost:	Lot: D A or D B	
Test Location #: Description of Test Location:		<u> </u>		
Result: Is Lead Present? (check one)	□ No Lead Detected	□ Low Lead	□ Positive For Lead	
		(Lead Present - Below USEPA Regulated Lead)		S C S C S C S C S C S C S C S C S C S C
Comments			8 R	ENOVATION FIRM

Non-Certified Workers Training Log Steps to Lead Safe Renovation Repair Painting

	Overview of Types/ Structures & Reasons for RRP	Surface Lead Testing	Establish Work Area and Containment				Protect Yourself	Work P	ractices	Clea	ning Proo	Cleaning Verification Procedures		
Name of Trainee	Reasons for Using Lead-Safe Work Practices, Health Risks, Age of Structure.	Testing for Lead paint before starting work.	Setting Up Barriers, Signs and Flapped Entry Doors	Cover or Remove Furniture	Establish Exterior Containment	Establish Exterior Containment	Personal Protective Equipment	Prohibited Work Practices	General Work Practices	Interior Daily and Final Cleaning	Exterior Daily and Final Cleaning	Bagging Waste	Interior & Exterior Visual Inspection	Interior Cleaning Verification Process

Date of Training:	Certified Renovator Name:	
-		

Important

The Skill Sets shaded above are things only a Certified Renovator can do! It is important for the Non-Certified Workers to understand the rules and guidelines but they cannot test, verify, supervise containment or place the signs and barriers.



Georgia Lead-Based Paint Renovation Model Project File Form 1.2012

Job Specific Work Practices Non-Certified Workers Training Log

Name of Trainee	Work Practices Job Specific		Cleaning Procedures		
	Prohibited Work Practices	Job-Specific Work Practices Description:	Daily and Final Interior Cleaning	Daily and Final Interior Cleaning	Bagging Waste and Waste Disposal

Date of Training:	Certified Renovator Name:	
-		

Cleaning Verification Post Renovation

Project Site Name:					
Address:					
Exterior Verification:					
Visual Inspections Passed . No visible the work areas.	debris, paint chip	s, or residue on th	e horizontal s	urfaces or gro	ound in or around
Date Exterior Verification	Time	Name Cert	tified Renovat	or Conducting	g Verification
Interior Verification – Non-HUD Prope Visual Inspection Passed. No visible de tops, un-carpeted floors) in or around	ebris, paint chips,	or residue on the	horizontal sui	faces (windo	w sills, counter
Date Interior Verification	Time	Name Ce	rtified Renova	ator Conducti	ng Verification
Cleaning Verification Passed. The foll floors must be cleaned and then teste Verification Card, if the cloth does not the second cleaning does not pass the electrostatic charged cloth. Number of Cloths Used	d by wiping the si "pass" then the c renovator must i	urfaces with a wet cleaning must be re	cloth. When e-done and te hour and wipe	compared ag sted with and the surface	ainst the EPA's other wet cloth. If
Date Exterior Verification Dust Clearance Testing – Required for A Dust Sampling Technician, Lead Insp	ector of Risk Asse	May Be Requested essor was used to c	by Owner for conduct the cl	Other Projec earance testii	
Circle One: Dust Sampling Tech	nnician Lea	nd Inspector/RA	Lead Insp	pector	
Name of Person Conducting Test	<u></u> -	GA Cert#		Expiration D	Pate
Firm Name	GA C	Cert#	Expira	tion Date	
Firm Address			Firm P	hone Numbe	r
Clearance Sampling Report Attached: <u>Debris Disposal</u> Dust and Debris created during the rer 745 Rule and Georgia Waste Rules. Regardless of the type of Clearance Te home from past renovations or mainte does not have Lead Dust level exceedi thorough investigation by taking test s	novation contains sting or Verificati enance projects n ng EPA's acceptal	ion that has been unay still remain. The	used, the poss ne only way to	ibility of Lead make certain	Dust in your n that your home
Certified Renovator Signature	Date	Custome	r Signature	Date	RENOVATION 18
Renovator Number Renov	ator Expiration D	 Pate Georgia Lea	ıd-Based Pain	t Renovation	Model Project File Form 1.2012

Daily Project Log Project Name:

Date:	
Crew on Site:	
Work Summary:	
Date:	
Crew on Site:	
Work Summary:	
Date:	
Crew on Site:	
Work Summary:	

