

Form 15.1 Visual Assessment - Lead Hazard Clearance Examination.

Property address _____

Name of client _____

Name of clearance examiner _____ Certification No.: _____

Date of visual assessment: ____/____/____ Repeat visual assessment? Yes No

This form covers Dwelling units (specify which units) _____

Common areas (specify which areas) _____

Exterior areas/outbuildings (specify) _____

Any deteriorated paint, visible dust, paint chips, or paint related debris observed Yes No

If "Yes" record observations in the table below

Room, Area, or Side of Building (if exterior)	Building Component or Other Surface (such as ground or vegetation)	Additional Notes on Specific Location	Description of Problem (i.e., deteriorated paint, visible dust, paint chips, or paint-related debris)

Notes (include any explanations by the client of why deteriorate paint has not been repaired; also include any instructions to client regarding further cleaning):

Signature of clearance examiner: _____