

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

LEAD INSPECTION AND TESTING SUMMARY FORM

The Department of Public Health *Lead Inspection and Testing Summary Form* must be completed and sent within two working days following completion of the inspection to the property owner, local director of health, and the Commissioner of the Department of Public Health in accordance with Section 19a-111-3(d) of the Regulations of Connecticut State Agencies (RCSA) concerning Lead Poisoning Prevention and Control.

PROPERTY INSPECTED/TESTED (Check): Is there a child under the age of	f 6 residing at the time of the inspec	tion?							
(Check): ☐ Residence	☐ Family Day Care Home - Na	ame:							
(Check One): Comprehensive Lead Inspection (includes representative paint	ection ted/coated surfaces, dust, soil, water)	Limited Testing ☐ (less than a comprehensive lead inspection)							
Street Address:		Apt.#Floor:							
City/Town:	Zip Cod	le:Telephone:							
If Apartment, Number of Units:	Year Property Bu	uilt:							
PROPERTY OWNER									
Name:									
Street Address:		_City:							
State:Zip C	ode:	_Telephone:							
INSPECTING ENTITY									
A. If Consultant Contractor:									
Name:									
		Zip Code:							
Consultant License Number:									
		_Telephone:							
Inspector's Certification Number:									
B. If Code Enforcement Agency:									
Department Name:									
		Zip Code:							
-	Telephone:								
Date of Inspector's Initial Training:		et Refresher Training://							

IN	SPECTION INFO	<u>ORMATI</u>	<u>ON</u>	Date(s) of Insp	ection:	1	/	,	_ &	1		/	
	each day that the as of the dwelling	-						-		_			and ins	-
Na	me of person 18 y	ears of age	e or old	ler who grant	ed consen	t:				Age:	D	ate: _		
Na	me of person 18 y	ears of age	e or old	ler who grant	ed consen	t:				Age:	D	ate: _		
	Were Lead-Base If yes, place an X			,		☐ Ye		No	l-based c	components	and surfa	aces fo	ound durin	g inspection.)
	EXTERIOR Lead-Based Surfaces	Foundation		Siding &/or Trim	Stairs &/or Stair Components		Porch &/or Porch Components		Doors &/or Trim	Wind &/or		Garage &/or Garage Components		
	Intact													
	Deteriorated													
	INTERIOR Lead-Based Surfaces	Floors		Baseboards	Walls	Ceilings	Stair	Stairs &/or Doors Stair &/or Components Trim		&/or		Closet/ Cabinet Components		
	Intact													
	Deteriorated													
	(X = positive)	re location	1)		<u> </u>									
В.	Indicate Peak Va	lues of	Lead	Hazard Lo	cations	Floors	Window			Soil	Water		Paint	Paint
Saı	npled Media: (C	heck					Sills	Wel	ls			C	XRF)	Chip
W	That Apply) as dust tested for 1 Yes No as soil tested for 1 Yes No No bare soil Ground froze	ead?	(Ente each)	r highest res	sult for			<u></u>						
W	as drinking water Yes No		lead?		was checl	ked for any	of the ques	stions	to the	left comp	olete the	e tabl	e above	
	Were any rooms, f yes, list the inac		_			_				□ Yes			No	_
		Per section	19a-11	1-4(a) and 19a	a-111-2(e) o	of the Lead I	Poisoning Pro	eventi	on and	Control R	egulatio	ns:		
A lo	ead abatement plan	is required	for this	property:	[☐ Yes	□N	О						
A lo	ead management pla	ın is require	ed for th	is property:	[☐ Yes	\square N	О						
Insp	pector's Signature: _										Date: _		//_	
befo	e federal Residential ore 1978 to disclose tained or referenced	all availabl l in this not	le record ice, to p	ds and reports ourchasers and	concerning tenants at t	lead-based phe time of sa	paint and/or le or lease o	lead-l	oased pa n lease i	aint hazard renewal. T	ls, includ his discl	ding tl losure	he test re must oc	sults cur even if

hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urba Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

> **Email To:** Mail To:

DPH.LeadReports@ct.gov

OR

State of Connecticut - Department of Public Health Lead Poisoning Prevention Program P.O. Box 340308, MS# 12LED Hartford, CT 06134-0308