

## 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/TESTI (Check): Residence		Home - Name:					
(Check One): Comprehensive Lead (includes representative	Inspection  painted/coated surfaces, dust, so		Limited Testing  (less than a comprehensive lead inspection)				
Street Address:		A <sub>I</sub>	pt.# Floor:				
City/Town:		Zip Code:	Telephone:				
If Apartment, Number of Units:	Y	Year Property Built:					
PROPERTY OWNER							
Name:							
Street Address:		City:					
State:	Zip Code:	Telephone	:				
INSPECTING ENTITY							
A. If Consultant Contractor:							
Name:							
Street Address:							
City:	St	ate:	Zip Code:				
Consultant License Number:							
Inspector's Name:		Telephone	:				
Inspector's Certification Number	er:						
B. If Code Enforcement Agency:							
Department Name:							
Street Address:							
			Zip Code:				
Inspector's Name:		Telephone:					
Date of Inspector's Initial Train	ing: / /	/ Date of Latest Refresher Training / /					

INSPEC	TION INFORM	ATION		Date(	s) of Iı	nspection: _				&			/	
	day that the inspendent													ect all
	person 18 years of									•				
Name of	person 18 years of	of age or o	lder	who grant	ed con	sent:				Age	e:	Date	::	
	Lead-Based Sur , place an X in the							No ified lea	ad-based	components	and sur	faces	found during	inspection.)
-	EXTERIOR	Founda	tion	Siding &/or		Stairs &/or	Porch &/or		r Doors	s Windows		Garage &/or		7
	Lead-Based			Trim		Stair	Porch		&/or	&/or Trim		Garage		
	Surfaces					Components	s Compo	nents	Trim			Co	omponents	
	Deteriorated													=
	Intact													-
		 			*** 11		1 0 1 0	,				~-		_ 
	Lead-Based	-		aseboards   Wall		ls Ceilings	Stairs &/or		Doors &/or	Windo &/or			et/	
	Surfaces						Stair Compor	ents	Trim	Trim		Cabi Com	nponents	
	Deteriorated						Compor		111111					=
	Intact													_
	(X = positive loc	lation)												J
	(21 = positive foe	ation												
B. Indica	ate Peak Values	of Sample	ed M	edia:										
	All That Apply)			Lead Ha		Floors	Window		dow	Soil	Wate	er	Paint	Paint
	st tested for lead?			Location	IS		Sills	Wel	ls				(XRF)	Chip
	☐ No l tested for lead?			(Enter hi	ghest									
	No			result for										
☐ No	bare soil 🔲 Gro							Î			•	<u> </u>		
	nking water tested	d for lead?	? <	If yes	was cl	necked for a	ny of the qu	estion	is to the	left com	plete tl	he ta	ble above.	
∐ Yes	☐ No													
C. Were	any rooms, area	s or comi	none	nts inacce	esible	during inst	ection? (C	heck	One)		Yes	ΠN	Jo	
	list the inaccessib								<b>OIIC</b> )		105		10	_
Per	section 19a-111-4	(a) and 19	9a-11	1-2(e) of t	the Lea	nd Poisoning	Prevention	and (	Control	Regulation	ons:			
A le	ad abatement plar	n is require	ed fo	r this prop	erty:	Yes	☐ No							
A le	ad management p	lan is requ	iired	for this pr	operty	: Yes	☐ No							
Insp	ector's Signature:							Date	a.	/	/			
ısp	ector s signature.												_	
oefore 19° contained nazard rec	al Residential Lead- 78 to disclose all av or referenced in thi duction or abatemen tent and the U.S. Er	railable reconstructions and the reconstruction in the reconstruct	ords a purc comp	nd reports hasers and leted. Fail	concerr tenants ure to d	ning lead-base at the time of lisclose these	d paint and/o sale or lease test results is	or lead e or up s a viol	-based p on lease ation of	aint hazard renewal. the U.S. D	ds, incl This dis epartm	uding sclosi ent o	g the test resu ure must occ of Housing an	ults cur even if nd Urban
	er violation. To fin													

**Email To:** Mail To:

OR

DPH.LeadReports@ct.gov

State of Connecticut - Department of Public Health Environmental Health Section P.O. Box 340308, MS# 51LED Hartford, CT 06134-030

Page 2 of 2 Rev. 04/01/15