



# 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):  Residence  Family Day Care Home - Name: \_\_\_\_\_

(Check One): Comprehensive Lead Inspection  Limited Testing   
(includes representative painted/coated surfaces, dust, soil, water) (less than a comprehensive lead inspection)

Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ Floor: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

If Apartment, Number of Units: \_\_\_\_\_ Year Property Built: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### INSPECTING ENTITY

#### **A. If Consultant Contractor:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consultant License Number: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Inspector's Certification Number: \_\_\_\_\_

#### **B. If Code Enforcement Agency:**

Department Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Inspector's Initial Training: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Latest Refresher Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSPECTION INFORMATION**

**Date(s) of Inspection:** \_\_\_\_/\_\_\_\_/\_\_\_\_ & \_\_\_\_/\_\_\_\_/\_\_\_\_

For each day that the inspection was conducted consent was given by an adult occupant of the dwelling unit to enter and inspect all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access.  Yes  No

Name of person 18 years of age or older who granted consent: \_\_\_\_\_ Age: \_\_\_\_ Date: \_\_\_\_\_

Name of person 18 years of age or older who granted consent: \_\_\_\_\_ Age: \_\_\_\_ Date: \_\_\_\_\_

**A. Were Lead-Based Surfaces Identified? (Check One)**  Yes  No

If yes, place an X in the tables below. (Information in tables may not represent all identified lead-based components and surfaces found during inspection.)

<b>EXTERIOR Lead-Based Surfaces</b>	Foundation	Siding &/or Trim	Stairs &/or Stair Components	Porch &/or Porch Components	Doors &/or Trim	Windows &/or Trim	Garage &/or Garage Components
Deteriorated							
Intact							

<b>INTERIOR Lead-Based Surfaces</b>	Floors	Baseboards	Walls	Ceilings	Stairs &/or Stair Components	Doors &/or Trim	Windows &/or Trim	Closet/ Cabinet Components
Deteriorated								
Intact								

(X = positive location)

**B. Indicate Peak Values of Sampled Media:**

**(Check All That Apply)**

Was dust tested for lead?

Yes  No

Was soil tested for lead?

Yes  No

No bare soil  Ground frozen

Was drinking water tested for lead?

Yes  No

<b>Lead Hazard Locations</b>	Floors	Window Sills	Window Wells	Soil	Water	Paint (XRF)	Paint Chip
(Enter highest result for each)							



⇐ If yes was checked for any of the questions to the left complete the table above.

**C. Were any rooms, areas or components inaccessible during inspection? (Check One)**  Yes  No

If yes, list the inaccessible locations: \_\_\_\_\_

Per section 19a-111-4(a) and 19a-111-2(e) of the Lead Poisoning Prevention and Control Regulations:

A lead abatement plan is required for this property:  Yes  No

A lead management plan is required for this property:  Yes  No

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur 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 Urban 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:**

DPH.LeadReports@ct.gov

**OR**

**Mail To:**

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