Project Recordkeeping Checklist

Firm Name: _____

Project Address: _____

Project Description: _____

[   ] Affidavit(s) of owner and/or occupants receiving <u>Renovate Right</u> is included.

Name of Certified Renovator: _____   [   ] Certificate Included.

Names of workers who received OJT assigned to this project: [   ] Training documents on file.

_____   _____   _____

_____   _____   _____

[   ] Paint tested for lead and documentation of testing is included.

    [   ] Test documentation was provided to the owner within 30 days of project completion.

[   ] Warning signs were posted at work area entrances.

[   ] Work area was contained to prevent spread of dust and debris:

    [   ] Interior work:

        [   ] All objects within the work area were removed or covered.

        [   ] HVAC ducts in the work area were closed and covered.

        [   ] Windows in the work area were closed.

        [   ] Doors in the work area were closed and sealed.

        [   ] Doors in the work area used for passage properly sealed.

        [   ] Floors within six feet of the work covered with plastic and taped.

        [   ] Vertical containment used.

    [   ] Exterior work:

        [   ] Windows in and within 20 feet of the work area closed.

        [   ] Doors in and within and within 20 feet of the work area closed and sealed.

        [   ] Ground within ten feet of the work covered with plastic and anchored.

        [   ] Barrier tape used to demarcate the work area (20 feet from the work if possible).

        [   ] Vertical containment used.

[   ] Waste contained on-site and while being transported off site.

[   ] Work area properly cleaned after renovation.

    [   ] All paint chips and debris collected.

    [   ] Protective sheeting misted, folded dirty side inward, and taped for removal.

    [   ] Interior surfaces and objects cleaned using HEPA vacuum and/or wet cleaned.

[   ] Certified Renovator assigned to this job performed post-renovation cleaning verification.

    [   ] Describe results including number of wet and dry cloths used:

    _____

    _____

[   ] Dust wipes used to clear the work area:

    [   ] Clearance report and certification of individual performing clearance included.

    [   ] A copy of the dust sampling report was provided to the owner within 30 days of project completion.

[   ] I certify that the above information is true and complete.

Print Name: _____

Signature: _____ Date Signed: _____

Project start and completion dates: _____

Notes: