Name of Occupant(s) - (List property owner’s name if unit is not occupied)

Street Address

Unit Number (if applicable)

City

State

Zip

Lead Contractor Name

Contractor Telephone Number

Project Start Date (mm/dd/yy)  Project End Date (mm/dd/yy)  IN license number

OCCUPANT PROTECTION PLAN CHECKLIST FOR LEAD-BASED PAINT ACTIVITIES

This is a checklist of actions the contractor will take to protect the occupant, when paint is disturbed. Occupants must stay out of work areas while work is in progress. The contractor must do daily cleaning, but the work area may still contain dangerous levels of lead in dust until final clearance is acheived. The contractor or owner will inform you when areas are safe to re-occupy.

Occupant Location  (check all that apply)

___ Unit is vacant (no movable objects remain in the unit)

___ Occupants will be relocated and stay out of the unit until the lead project is done

___ Occupants will not be allowed within the work area before project completion, (which includes clearance with documented dust wipe sample results)

___ Occupants will stay outside the dwelling unit during work times but may return each day after clean up _____________ (time allowed back in)

___ Occupants will have an available bathroom, bedroom, kitchen during project

___ Occupants will be provided a lead-safe entry and exit pathway during the project

___ Occupants pets will not be allowed in the work area

Furniture  (check all that apply)

___ Will inform Occupants(s) to remove all personal items and as much furniture as possible from work area before work begins

___ Will cover and secure, with plastic, all furniture and personal belongings that can’t be removed

Containment and Barrier system

Interior work: (check all that apply) Location(s):

___ Airlock flap on all doors in work areas, or close and secure doors from inside the work site

___ Plastic will cover entire work area floor, and all worker pathways to exit and any work areas

___ Plastic will cover floor extending 6’ beyond work area (or use vertical containment) in all directions (when possible)

___ Workers will stay on plastic in work area

___ Inform Occupants to keep off of plastic in work area

___ Lock or firmly secure work area to provide an overnight barrier

___ Post warning signs at entry to each room where work is being done, or post warning signs at all building entryways

Exterior Work (check all that apply) the distances listed take you to the distance or property line

___ Remove all movable items (playground equipment, toys, sandbox, patio furniture, etc.) to a distance of 20’ from work area or seal these items with plastic

___ Use and secure plastic sheeting on the ground extending 10’ from building

___ Keep all windows within 20’ of work closed

___ Erect barrier tape or temporary fencing around building to make a 20’ perimeter from work area

___ Post warning signs a distance of 20’
Occupant Protection Plan
Checklist for Lead-Based Paint Activities

___ Build a vertical containment when working within 10' of neighboring properties

Window Work  (check all that apply)
___ Cover exterior of window when removing windows from the inside
___ Cover interior of window when removing windows from the outside
___ Use plastic sheeting or landscape fabric on the ground under the windows being removed

Work Practices  (check all that apply)
___ During component replacement, mist all painted surfaces, except when using a heat gun
___ Use a heat gun, not to exceed 1100° Fahrenheit
___ Use a machine planer, chipper, grinder, or sander attached to a properly operating HEPA-filtered vacuum when removing paint.
___ Use a chemical paint stripper to remove lead-based paint from components and will follow manufacturer instructions and provide adequate ventilation
___ Use power washing with proper containment to prevent the waste water generated from contaminating the soils or surface waters or allowing paint chips in neighboring properties.
___ Remove components such as complete door systems, siding, walls, cabinets or trim.
___ Use containment to isolate areas where paint is being distributed from the rest of the property
___ Will not use abrasive blasting or sandblasting
___ Employees will wear disposable booties in work area and remove before leaving work area
___ Will not use HUD/EPA or IN prohibited practices

Ventilation System  (check all that apply)
___ Turn off system and seal off vents within 6' of the work area

Daily Cleaning  (check all that apply)
___ Remove debris from dwelling or store it in a locked secure area
___ Clean all horizontal surfaces in the work area with a HEPA vacuum and wet washing
___ Clean and remove plastic walkways each day, replacing with new each day
___ Clean all walkways that are used as pathways to the work area with a HEPA vacuum
___ Clean any area (on both sides of the containment) where containment is breached
___ Clean off debris, fold, and secure all plastic sheeting or landscape fabric overnight but may use again the next day

Final Cleaning  (check all that apply)
___ Will not begin until at least 1 hour after work is completed
___ Remove all visible debris and dust
___ Will use a HEPA vacuum and wet washing to clean horizontal surfaces and trim in work areas
___ Will use a HEPA vacuum and wet washing to clean surfaces and floors in the work area and extending at least 2' beyond treated area
___ Remove all paint chips found after exterior work within 48 hours of exterior job completion

CONTRACTOR'S CERTIFICATION
I certify that a copy of the Occupant Protection Plan was provided to the property owner or occupant(s) of the property address listed on the form on this date ____________ by way of ____________________
(describe delivery method).

__________________________________________ ______________________
Signature – Certified Lead Contractor        Date signed (mm/dd/yy)
Occupant Protection Plan
Checklist for Lead-Based Paint Activities

Abatement Report Information
Name of Owner

Street Address  Unit Number (if applicable)

City  State  Zip  Telephone Number

Contractor Information
Each employee or agent of the lead-based paint activities contractor that worked on the project

Name, Address of each supervisor assigned to the project

and proof of license (attached)

Clearance Information
Name, Address and Signature of each certified Risk Assessor or Inspector conducting clearance sampling and the date(s) of the testing. (results attached)

Description of the LBP activities project

Summary of procedures used to comply with applicable standards
see checklist
The following hazard reduction measures (and the location(s)) were undertaken and the reason for each selection:

- **Component replacement**
  - Reason: __________________________

- **Paint film stabilization**
  - Reason: __________________________

- **Friction surface treatment**
  - Reason: __________________________

- **Impact surface treatment**
  - Reason: __________________________

- **Encapsulation**
  - Reason: __________________________

- **Enclosure**
  - Reason: __________________________

- **Soil covering**
  - Reason: __________________________

- **Soil treatment**
  - Reason: __________________________

- **Dust removal**
  - Reason: __________________________

**Suggested Monitoring schedule**: __________________________

**Attachments:**
- [ ] Occupant Protection Plan
- [ ] Proof of license of persons who conducted or supervised the lead-based paint activities project
- [ ] Risk Assessment (if applicable)
- [ ] Clearance results and lab information attached
- [ ] Lab results and lab information for any additional sampling (soil, paint)*
- [ ] XRF results (including serial number and calibration check data)*
- [ ] Copy of all receipts issued by a disposal site
- [ ] Notification

* if applicable