



# START WORK NOTIFICATION

This form must be submitted **at least 3 business days before beginning work** to the Rhode Island Department of Health by email at [leadprogram@health.ri.gov](mailto:leadprogram@health.ri.gov) or by fax at 401- 222-2456.

## Type of License (check one)

Lead Hazard Reduction Contractor **OR**

Lead Hazard Control Firm (check all that apply): ->

Renovate Right pamphlet distributed

Confirmation of receipt of Form PBLC -29 on file

## TYPE OF NOTIFICATION: ( Check one)

Original

Revised

Cancelled

**Project Schedule:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Lead Hazard Premises:

Occupant Name: \_\_\_\_\_ Floor(s)/Apt.(s)/Area(s) \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

## Owner Information

Names: \_\_\_\_\_

Check if address is same as **Lead Hazard Premises** above (skip to next section)

Street: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

## LEAD HAZARD CONTROL / REDUCTION ACTIVITY: (Check ALL that apply)

Interior Paint    Exterior Paint    Common Area    Vacant Unit    Occupied Unit    Child Care Facility

Mechanical Paint Removal    Other \_\_\_\_\_

## Government Agency Information:

Lead Hazard Control / Reduction Ordered by Government

Not Applicable (skip to next section)

Agency: \_\_\_\_\_

Person Issuing: \_\_\_\_\_ Title: \_\_\_\_\_

Date Ordered Issue: \_\_\_\_\_ Final Compliance Date Required by Order: \_\_\_\_\_

## Firm Information:

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

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ RI License Number: \_\_\_\_\_

## Certifying Lead Hazard Reduction Site Supervisor or Lead-Safe Remodelor/ Renovator

I certify that the above information is correct.

**SIGN HERE**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

RI License No: \_\_\_\_\_

# Rhode Island Pre-Renovation Education and Renovation, Repair and Painting Owner/Occupant Notification Form



## Occupant Confirmation of Pamphlet Receipt

I have received a copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools* informing me of the potential risks of lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Recipient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient's Signature



\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, Apartment Number

\_\_\_\_\_  
City & Zip Code

## Lead-Safe Remodeler/Renovator Self Certification option (for tenant occupied dwellings only)

If the lead hazard information pamphlet was delivered but a signature could not be obtained, you MUST check the box below.

**Declined** - I certify that I made a good faith effort to deliver the Renovate Right pamphlet to the rental dwelling unit listed below at the date & time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

**Unavailable for signature** - I certify that I have made a good faith effort to deliver the Renovate Right pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how the pamphlet was left).

\_\_\_\_\_  
Printed Name of Person Certifying Delivery

\_\_\_\_\_  
Attempted Delivery Date and Time

\_\_\_\_\_  
Signature of Person Certifying Delivery



\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, Apartment Number

\_\_\_\_\_  
City

**Note Regarding Mailing Option** - As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and occupant. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office.

**Rhode Island Clearance Inspection Requirement** - The Lead Hazard Control Firm or the property owner is required to hire a Rhode Island Certified Environmental Lead Inspector or Technician to conduct clearance inspection using dust wipe sampling and, if applicable, obtain a Certificate of Acceptable Clearance Status or Certification of Lead-Safe Status. Critical barriers cannot be removed until dust wipe samples, analyzed by an approved laboratory, pass clearance. The Lead Hazard Control firm must receive a copy of the clearance certification and retain the certification with this form in its records for at least 3 years. The property owner must receive and retain copies of all certifications, inspections and laboratory reports for as long as he/she owns the property.

### Clearance Inspection Certification

I certify that I informed the property owner of the clearance inspection requirement

The  Owner or  Lead Hazard Control Firm will arrange for the clearance inspection and applicable certification(s).

Owner's Name: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Hazard Control Firm \_\_\_\_\_ License No. LHCF - \_\_\_\_\_

Lead-Safe Remodeler/Renovator \_\_\_\_\_ License No. LRM - \_\_\_\_\_

Lead-Safe Remodeler/Renovator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF ACCEPTABLE CLEARANCE STATUS**  
Rhode Island Department of Health



**1. DWELLING or PREMISES COVERED BY CERTIFICATION:**

Street: \_\_\_\_\_ Floor(s)/ Apartment(s) Included: \_\_\_\_\_  
City/Town & Zip Code: \_\_\_\_\_

**2. OWNER/ MANAGER NAME, ADDRESS & TELEPHONE NUMBER:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City/Town, State & Zip Code: \_\_\_\_\_

**3. CERTIFICATION OF LEAD HAZARD CONTROL PERFORMANCE:**

RI Licensed Lead Hazard Control Firm: \_\_\_\_\_ License No. LHCF - \_\_\_\_\_

RI Licensed Lead Safe Remodeler/Renovator: \_\_\_\_\_ Licensed No. LRM - \_\_\_\_\_


*I certify that I have conducted the lead hazard control activity at the dwelling or premises specified in item 1 above in accordance with the RI Rules and Regulations for Lead Poisoning Prevention [R23-24.6-PB].*

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Signature: \_\_\_\_\_  Date Signed: \_\_\_\_\_

**4. CERTIFICATION OF ACCEPTABLE CLEARANCE STATUS:**

*I certify that I am a RI Certified Environmental Lead Inspector, Technician or Assessor and that I have conducted a Lead Hazard Control Clearance Inspection in accordance with the Rhode Island Rules and Regulations for Lead Poisoning Prevention. Based on the results of this inspection, I have determined that the dwelling or premises identified in Item 1 meets the requirements for Acceptable Clearance Status, as defined by these regulations.*

\_\_\_\_\_  
(Signature)  \_\_\_\_\_  
(Type or Print the Name of Person Conducting Inspection)

Certification Date: \_\_\_\_\_ RI Certification No: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EPA Checklist**

Name of Firm: \_\_\_\_\_

Date and Location of Renovation: \_\_\_\_\_

Brief Description of Renovation: \_\_\_\_\_

Name of Assigned Renovator: \_\_\_\_\_

Name of Trained Workers,if used: \_\_\_\_\_

Name of Dust Sampling Technician, Inspector, or Risk Assessor, if used: \_\_\_\_\_

Copies of renovator and dust sampling technician qualifications( training certificates, certifications) on file.

Certified renovator provided training to workers on (check all that apply)

Post warning signs

Setting up plastic containment barriers

Maintaining containment

Avoiding spread of dust to adjacent areas

Waste handling

Post-renovation cleaning

Test kits used by certified renovator to determine whether lead was present on components affected by renovation ( identify kits used and describe sampling locations and results): \_\_\_\_\_

Warning signs posted at the entrance to the work area.

Work area contained to prevent the spread of dust and debris.

All objects in the work area removed or covered. (interiors)

HVAC ducts in the work area closed. (interiors)

Windows in the work area closed. (interiors)

Windows in and within 20 feet of the work area closed. (exteriors)

Doors in the work area closed and sealed.(interiors)

Doors in and within 20 feet of the work area closed and sealed. (exteriors)

Doors that must be used in the work area covered to allow passage but prevent spread of dust

Floors in the work area covered with taped-down plastic. (interiors)

Ground covered by plastic extending 10 feet from the work area - plastic anchored to the building and weighted down by heavy objects. (exteriors)

If necessary, vertical containment installed to prevent mitigation of dust and debris to adjacent properties. (exteriors)

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

Work site properly cleaned after renovation.

All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal

Work area surfaces and objects cleaned using HEPA vacuum and/ or wet cloths or mops. (interior)

If dust clearance testing was performed instead, attach a copy of the report.

I certify under penalty of law that the above information is true and complete.

← SIGN HERE

(Sign) Name and Title

Date



All requirements of Rhode Island Air Pollution Control Regulation 24 entitled, *"Removal of Lead Based Paint from Exterior Surfaces"* must be followed by any person (whether a homeowner or a contractor) who removes paint from the exterior of any structure. Regulation 24 and other pertinent information may be obtained from the *Regulations* section of the DEM's website at <http://www.dem.ri.gov>, or by calling:

Department of Environmental Management  
Office of Technical and Customer Assistance  
(401) 222-6822, 8:30 a.m. to 4:00 p.m. weekdays

Written notice of the lead paint removal project must be given to the following individuals at least five (5) days prior to starting any exterior lead paint removal:

- \* Adults residing in the structure from which lead paint is being removed, and
- \* Adults in residences located within 50 feet of the structure undergoing lead paint removal, and
- \* Owners, agents or property managers of the structure and/or of any buildings located within 50 feet of the structure undergoing lead paint removal, and
- \* Owners, agents or managers of businesses or organizations located in the structure or within 50 feet of the structure undergoing lead paint removal, and
- \* Principals of schools and the chief administrative officer of every school located within 50 feet of the structure undergoing lead paint removal.

Request DEM approval to remove lead paint with a power washing/pressure washing equipment, or the use of any method not approved in regulation 24, by contacting DEM's Office of Air Resources at (401) 222-2808 from 8:30 a.m. to 4:00 p.m. weekdays.

Lead paint removal by any procedure considered an alternative procedure, or from structures other than buildings, must not begin until a written approval is issued by DEM's Office of Air Resources.

Questions about disposal of hazardous waste may be directed to DEM's Office of Technical and Customer Assistance (401) 222 - 6822 from 8:30 a.m. to 4:00 p.m. weekdays.

#### Supplemental Information

Contractors: For information about worker protection, contact Providence Area OSHA at (401) 528- 4669.