

CERTIFICATION OF ACCEPTABLE CLEARANCE STATUS

Rhode Island Department of Health



1. DWELLING OR PREMISES COVERED BY CERTIFICATION:

Street: _____ Floor(s)/Apartment(s)/Portion(s) Included: _____

City/Town: _____ Zip: _____

2. OWNER OF DWELLING OR PREMISES:

Name: _____
Street: _____ Telephone No: _____
City/Town: _____ State: _____ Zip: _____

3. CERTIFICATION OF LEAD HAZARD CONTROL PERFORMANCE:

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

RI Licensed Lead Safe Remodeler/Renovator: _____ License 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.

This document does NOT constitute a Certification of Lead-Safe Status as defined by these regulations.

(Signature)

(Type or Print Name Person Conducting Inspection)

Certification Date: _____

RI Certification No: _____

COMMENTS: