



PARTIAL LEAD SAFE CERTIFICATE

Type of Inspection (check one) Comprehensive Clearance Inspection Partial Inspection

Specify Lead-Safe Area(s) _____ and/or **Lead-Safe Media:** (check all that apply)

Interior Paint Dust Water **Exterior** Paint Soil

Property Information:

Street Address _____ Specify Dwelling or Dwelling Unit _____

City & Zip Code _____

Owner Information

Name(s) _____

Street Address _____ City, State, Zip Code _____

Telephone _____ Other Contact Information _____

Contractor/Firm/Owner Information (complete and check one as applicable)

Print Name of Contractor/Firm/Owner Performing Work _____

Lead Contractor License # LC _____ License Expiration Date _____

Lead Renovation Firm License # LRF _____ License Expiration Date _____

Owner of Dwelling or Premises – Spot Removal only

Project Start Date _____ Project End Date _____

Print Name _____ Title or RIDOH License # _____ License Expiration Date _____

Signature _____ Signature Date _____

Certification of Partial Lead-Safe Status

I certify that I conducted this inspection in accordance with 216-RICR-50-15-3 – Lead Poisoning Prevention Sections 3.5 and 3.6 for the area(s) and/or media specified above. Based on the results of this inspection, I determined that the reported scope of work was completed, the work area was cleaned, and/or the media specified above met the lead-safe standards in Section 3.7.

This document does NOT constitute a Full Lead-Safe Certificate, Conditional Lead Safe Certificate, or Certificate of Conformance as defined by 216-RICR-50-15-3.

Print Lead Inspector Name _____ Lead Inspector License # LI _____ License Expiration Date _____

Signature _____ Certification Date _____

Comments