

Renovation Recordkeeping Checklist

Name of Firm: _____

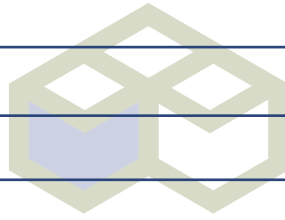
Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

Name(s) of Trained Worker(s), if used: _____

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



IOWA FINANCE
AUTHORITY

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

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

- | | |
|--|--|
| <input type="checkbox"/> Posting warning signs | <input type="checkbox"/> Setting up plastic containment barriers |
| <input type="checkbox"/> Maintaining containment | <input type="checkbox"/> Avoiding spread of dust to adjacent areas |
| <input type="checkbox"/> Waste handling | <input type="checkbox"/> 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 entrance to work area.

____ Work area contained to prevent spread of dust and debris

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

____ HVAC ducts in the work area closed and covered (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 work area—plastic anchored to building and weighed down by heavy objects (exteriors)

____ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (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 (interiors)

____ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used): _____

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

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

Name and title

Date