



Eric J. Holcomb  
Governor

Kristina Box, MD, FACOG  
State Health Commissioner

January 10, 2023

\*\*\*\*Contractor Address\*\*\*\*

RE: Lead Abatement Site Review

Unit: \*\*\*\*Site Address\*\*\*\*

In compliance with the Indiana Administrative Code Title 410, Article 32, Lead-Based Paint Program, an on-site review was conducted on 1/10/2023 by the Indiana Lead and Healthy Homes Program at the property referenced above. No lead-abatement violations were cited during the inspection.

Once abatement activities have been completed, an abatement report must be prepared by the licensed supervisor or project designer. Per 410 IAC 32-4-10(4), the abatement report shall include the following information:

- Start and completion dates of abatement activities.
- The name and address of each licensed contractor conducting the abatement and the name of each supervisor assigned to the abatement project.
- The occupant protection plan.
- The name, address, and signature of each licensed risk assessor inspector conducting clearance sampling and the date of clearance testing.
- The results of clearance testing and all soil analyses, if applicable, and the name of each recognized laboratory that conducted the analyses.
- A detailed written description of the abatement, including abatement methods used, locations or rooms, and components where abatement occurred, reason for selecting particular abatement methods for each component, and any suggested monitoring of encapsulants or enclosures.
- Mail abatement reports to:

Lead & Healthy Homes Program  
Attn: Katie Etter  
100 N. Senate Ave; N855  
Indianapolis, IN 46204

For questions or concerns about Lead Abatement Notifications and Monitoring please contact a member of the Indiana Lead and Healthy Homes Program staff at 317.233.1250.

Scile Wilz  
Indiana Dept of Health  
2 N Meridian St  
Indianapolis, IN 46204  
Phone: (317) 954-5361





# LEAD ABATEMENT INSPECTION DOCUMENTATION CHECK LIST

State Form 54358 (R / 11-10)

« Pass Example »

Site Address: \_\_\_\_\_ Contractor: \_\_\_\_\_  
 City: \_\_\_\_\_ State: IN Contact Name: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Initial Inspection  
 Re-inspection  
 Field Staff: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Reason: \_\_\_\_\_

## Procedures for All Abatement Projects

YES	NO	N/A	RULE	REQUIREMENT	CORRECTIVE ACTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(1)	Is a licensed Supervisor on-site during the entire abatement project?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(3)	Has prior notification been submitted to ILHHP?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(4)	Is a written occupant protection plan on-site?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(5)	Are any restricted practices being used?	<input type="checkbox"/> Stop open flame or torching <input type="checkbox"/> Stop machine sanding or grinding or abrasive blasting without HEPA exhaust controls <input type="checkbox"/> Stop dry scraping. Moisten before scraping. <input type="checkbox"/> Operate heat gun at or below 1,100 degrees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(6)	Is soil abatement being conducted properly?	<input type="checkbox"/> Do not use abated soil as top soil <input type="checkbox"/> Permanently cover the contaminated soil
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(7)	Are work area(s) sealed off from non-work area(s)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(8)	Are shoe covers being used?	<input type="checkbox"/> Use shoe covers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is plastic sheeting being used directly below work site?	<input type="checkbox"/> Place plastic sheeting directly below work site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(9)	Are warning signs posted at all entrances to work site?	<input type="checkbox"/> Post warning sign(s) at entrances <input type="checkbox"/> Use correct warning sign language
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(10)	Is access of non-workers limited from the work area?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(11)	Have chemically stripped surfaces been wet-cleaned?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(12)	Is work area restricted by barrier tape?	<input type="checkbox"/> Restrict exterior area with barrier tape <input type="checkbox"/> Restrict interior area with barrier tape
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-5(13)	Is required daily clean-up of work area occurring?	<input type="checkbox"/> Store lead-abated waste in an area inside the property lined <input type="checkbox"/> Lock lead-abated waste in containers, trucks, or trailers <input type="checkbox"/> Use a HEPA filter for small debris <input type="checkbox"/> Do not use dry sweeping methods <input type="checkbox"/> Treat disposable supplies as waste



# LEAD ABATEMENT INSPECTION DOCUMENTATION CHECK LIST

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 City: \_\_\_\_\_ State: IN Contact Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ZIP Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Reason: \_\_\_\_\_

### Interior Lead Abatement Procedures

YES	NO	N/A	RULE	REQUIREMENT	CORECTIVE ACTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-7(1)	Are warning signs posted at entrances and exits to work area?	<input type="checkbox"/> Post warning sign(s) at entrance areas <input type="checkbox"/> Post warning sign(s) at exits to work area
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-7(2)	Is proper polyethylene sheeting used on carpeted floors?	<input type="checkbox"/> Cover with at least 2 layers of sheeting <input type="checkbox"/> Use proper 6 mil polyethylene sheeting <input type="checkbox"/> Tape sheeting down with masking tape to wall or baseboard. <input type="checkbox"/> Sheeting is torn/ripped cover with additional sheeting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-7(3)	Are objects remaining in the work area wrapped?	<input type="checkbox"/> Wrap remaining items with 6 mil plastic <input type="checkbox"/> Remove items from work area.
			410 IAC 32-4-7(4)	Is area sealed off from non-work areas?	Seal off area with appropriate materials
			410 IAC 32-4-7(5)	Are floors covered with at least two layers of 6 mil plastic sheeting	Cover floors with required materials
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-7(6)	Are HVAC systems shut off in the work area?	<input type="checkbox"/> Turn HVAC systems off <input type="checkbox"/> Cover intake points with sheeting <input type="checkbox"/> Cover exhausts points with sheeting
			410 IAC 32-4-7(7)	Has a passage through the common area erected?	<input type="checkbox"/> No alternative entry or egress is located in common area. Erect a protected passage through the common area for safe passage.
			410 IAC 32-4-7(8)	Are posted work hours required for the common area? Are work hours posted in the common area?	<input type="checkbox"/> Post and conduct abatement activities between established hours <input type="checkbox"/> Clean work area with a HEPA vacuum at the end of each work day until area is clear of visible dust and debris.

### Exterior Abatement Procedures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-8	Are proper EXTERIOR site preparations in place?	<input type="checkbox"/> Contain water/abrasive blasting <input type="checkbox"/> Place 6 mil sheeting as close to foundation as possible extending beyond drip line <input type="checkbox"/> Raise sheeting to capture runoff liquid Use appropriate containers <input type="checkbox"/> Tape seams <input type="checkbox"/> Extend sheeting out from foundation a minimum of 5 feet and an additional 3 feet per floor <input type="checkbox"/> Weight the sheeting at the foundation and along the edges and seams <input type="checkbox"/> Erect vertical shrouds if wind exceeds 15 mph or if there is visible movement of debris
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### Lead-Based paint Abatement Disposal Procedures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 IAC 32-4-11	Has all lead-based paint waste been disposed of properly?	<input type="checkbox"/> Waste not securely stored in a manner that prevents access <input type="checkbox"/> Material must be stored in locked containers, trucks, rooms, or trailers <input type="checkbox"/> Lead hazard signs not displayed where waste is stored or the use of other security measures <input type="checkbox"/> Warning label is not posted in areas where lead waste is stored
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 City: \_\_\_\_\_ State: IN Contact Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ZIP Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Reason: \_\_\_\_\_

Notes/Comments

- Licensed supervisor is present.
- Site is active at the time of the inspection.
- No signs of visible dust, debris and paint chips on ground where / near work was completed
- Clean up is being done properly.
- All necessary signage and barriers are present.
- No evidence of unsafe lead work practices.

PASS

Lead Supervisor Signature:  
 \_\_\_\_\_

ILHHP Representative Signature:  
 \_\_\_\_\_