

Final Abatement Report

Prepared By:	<hr/>		Date:	<hr/>	
Supervisor or Project Designer					
Site Address:	<hr/> Street	<hr/> City	<hr/> State		
Abatement Start Date:	<hr/>		Abatement End Date:	<hr/>	

List each licensed contractor conducting lead abatement.

Name	<hr/> <hr/>	Address	<hr/> <hr/>	Supervisor Name	<hr/> <hr/>
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List each licensed risk assessor or inspector conducting clearance testing.

Name	<hr/> <hr/>	Address	<hr/> <hr/>	Signature	<hr/> <hr/>	Clearance Date	<hr/> <hr/>
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Check all abatement methods used

Encapsulation Enclosure Removal Replacement Permanent covering

Explain why methods were used:

Select location where abatement activities occurred. Check all that apply.

Exterior House Garage
 Interior House Accessory Building
 Soil List Other

Select room(s) where abatement activities occurred. Check all that apply.

Living room Bathroom Kitchen Hallway Basement
 Dining room Bedroom Laundry room Common area Attic

List all other rooms:

List all components where abatement occurred:

Suggested monitoring of encapsulate of enclosures

6 months Annually Not Applicable Other

Attach the following documents:

1. Occupant Protection Plan
2. Results of clearance testing including soil analysis (if applicable)
3. Receipts for dumpster and or landfill used for Lead Waste Disposal