

Final Abatement Report

Prepared By: _____ Supervisor or Project Designer	Date: _____
Site Address: _____ Street City State	
Abatement Start Date: _____	Abatement End Date: _____

List each licensed contractor conducting lead abatement.

Name	Address	Supervisor Name
_____	_____	_____
_____	_____	_____

List each licensed risk assessor or inspector conducting clearance testing.

Name	Address	Signature	Clearance Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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