



Third Party Post Renovation Clearance Sampling Form



Lead Activity Firm: _____ License Number: _____

Certified Lead Inspector or Risk Assessor: _____ License Number: _____

Address: _____ Dates of Work: _____ Time: _____

Name of Lab: _____ Date Sent: _____

Visual Inspection:

Interior Location:	Pass:	Fail:
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Location:	Pass:	Fail:
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

- Exterior Only** – The results listed above indicate passing results for the visual inspection, the renovation is considered completed. Please remember to retain these documents with your renovation files and to provide a copy to the homeowner/occupant within 30 days as required by law.
- Interior** – The results listed above indicate passing results for the visual inspection, you can now remove the barriers and allow reoccupation by the residents while the dust wipe samples are being analyzed.
- Failed** – The results listed above indicate failure to pass the visual inspection, please re-clean the area. After you have re-cleaned, you have the option to either perform the post renovation cleaning verification, or call a licensed Lead Activity Firm to perform clearance verification.

Certification: (I certify under penalty of law that the foregoing is true and correct to the best of my knowledge and that I have examined all documents and records associated with this renovation project and that they are consistent with provisions of 40 CFR 745 et seq. and K.A.R. 28-72-01 et seq.)		
Signature of Certified Lead Inspector or Risk Assessor:	License Number:	Date:
Signature of Renovation Firm Representative:	Firm License Number:	Date:

PLEASE SEE REVERSE SIDE FOR DUST SAMPLE INSPECTION FORM

Dust Wipe Sampling:

Location Obtained:	Surface Type:	Result:	Pass:	Fail:
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Passing results must meet the levels defined in K.A.R. 28-72-18e(f)(1). See below.

Dust Samples:

Media	Clearance Level
Floors	< 40 $\mu\text{g}/\text{ft}^2$
Interior Window Sills	< 250 $\mu\text{g}/\text{ft}^2$
Window Troughs and Exterior Horizontal Surfaces	< 400 $\mu\text{g}/\text{ft}^2$