**New Jersey Weatherization Assistance Program**

**Determination of Lead Safe Weatherization (LSW) on dwelling built before 1978.**

**Client Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **File ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year Built**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Assessment**: / /

**Name of Renovator/Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Description of Renovation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Location (Estimated Square Feet of Disturbance)**: \_\_\_ interior (\_\_\_\_\_\_ft2) \_\_\_ exterior (\_\_\_\_\_\_ft2)

* **Did the work performed involve the disturbance of painted surfaces 6 square feet or greater for interior or 20 square feet or greater for exterior or otherwise trigger Lead: Renovation, Repair, and Painting Program (RRP) rules?**

\_\_\_\_\_ Yes \_\_\_\_\_No

* **If lead testing was performed on surfaces to be disturbed by weatherization work triggering EPA RRP lead rules, were any of the test results positive for lead?**

\_\_\_\_\_ Yes \_\_\_\_\_No

**If the answer to both questions is no, please complete this page and include form in client file.**

**If the answer to either of the above questions is Yes, please skip to & complete Page 2 of this form.**

* **Did the work performed involve the disturbance of painted surfaces less than 6 square feet for interior or less than 20 square feet for exterior surfaces?**

\_\_\_\_\_ Yes \_\_\_\_\_No

**If the answer to this question is no, please sign below and include form in client file.**

**If the answer to this question is Yes, please complete the following (check each to verify performance):**

* I have received DOE LSW training and have followed DOE LSW work practices and rules.
* I have performed DOE LSW Level 1 containment on the work site to prevent any dust or debris from spreading beyond the work area to non-work areas.
* I certify under penalty of law that the above information is true and complete.

**Certified Renovator Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified Renovator Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: / /

*(Include Subgrantee Agency Director, Address, Email, and Phone Number)*