

Inspector/Risk Assessor

Lead-Based Paint Activity Quarterly Report

Instructions:

- Save document to your computer
- Fill out form (typing your name on signature line field)
- Save your changes
- Click on the email address located at the bottom of form
- Attach this document to email
- Send email



Inspector/Risk Assessor



Lead-Based Paint Activity Quarterly Report

Year: _____

____ April – June <small>Due July 10th</small>	____ July – Sept. <small>Due Oct 10th</small>	____ Oct. – Dec. <small>Due Jan 10th</small>	____ Jan. – Mar. <small>Due April 10th</small>
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Note: Select only one report period. A separate, signed report is required for each person

____ No LBP Activity performed this quarter

Note: Choose a report quarter at the left; sign and date at the bottom

Date/Property	Location Type (Choose one)	Activity	Methodology	LBP Results
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail: _____	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Dust Lead Hazard Found <input type="checkbox"/> Yes <input type="checkbox"/> No Soil LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail: _____	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Dust Lead Hazard Found <input type="checkbox"/> Yes <input type="checkbox"/> No Soil LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail: _____	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Dust Lead Hazard Found <input type="checkbox"/> Yes <input type="checkbox"/> No Soil LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail: _____	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No Dust Lead Hazard Found <input type="checkbox"/> Yes <input type="checkbox"/> No Soil LBP Found <input type="checkbox"/> Yes <input type="checkbox"/> No

I affirm this form truly reflects all LBP activities performed during the indicated time period by the undersigned certified LBP contractor.

Name: _____
(Please Print Clearly)

Date: _____

Signature: _____

Certification # _____
(Please Print Clearly)

Please Return To:
Shaun-west@cherokee.org or
Cherokee Nation
Environmental Programs
P.O. Box 948
Tahlequah, OK 74465

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