



Inspector/Risk Assessor Lead-Based Paint Activity Quarterly Report



Qtr 2 Apr-Jun 2015 (Due Jul 10th)
 Qtr 3 Jul-Sep 2015 (Due Oct 10th)
 Qtr 4 Oct-Dec 2015 (Due Jan 10th)
 Qtr 1 Jan-Mar 2016 (Due Apr 10th)

No Lead-Based Paint Activity performed this quarter.

Note: Select only one report period. A separate, signed report is required for each quarter.

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

Date/Property	Location Type (Choose one)	Activity (Choose One)	Methodology	LBP Results
Activity Date: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling	<input type="checkbox"/> Inspection	<input type="checkbox"/> XRF	Interior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Built: (Do Not Use 'Unknown'): _____	<input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units _____)	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Chip Sampling	Exterior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	<input type="checkbox"/> Child-Occupied Facility	<input type="checkbox"/> Hazard Screen	<input type="checkbox"/> Dust Sampling	Dust Lead Hazard found <input type="checkbox"/> Yes <input type="checkbox"/> No
City/ZIP: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Clearance Testing Pass / Fail	<input type="checkbox"/> Soil Sampling	Soil Lead Hazard found <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Date: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling	<input type="checkbox"/> Inspection	<input type="checkbox"/> XRF	Interior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Built: (Do Not Use 'Unknown'): _____	<input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units _____)	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Chip Sampling	Exterior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Built: (Do Not Use 'Unknown'): _____	<input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units _____)	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Chip Sampling	Exterior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Built: (Do Not Use 'Unknown'): _____	<input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units _____)	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Chip Sampling	Exterior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
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Activity Date: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling	<input type="checkbox"/> Inspection	<input type="checkbox"/> XRF	Interior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Built: (Do Not Use 'Unknown'): _____	<input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units _____)	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Chip Sampling	Exterior LBP found <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	<input type="checkbox"/> Child-Occupied Facility	<input type="checkbox"/> Hazard Screen	<input type="checkbox"/> Dust Sampling	Dust Lead Hazard found <input type="checkbox"/> Yes <input type="checkbox"/> No
City/ZIP: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Clearance Testing Pass / Fail	<input type="checkbox"/> Soil Sampling	Soil Lead Hazard 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 SEND TO THIS ADDRESS:

Department of Environmental Quality
Attn: LBP Staff
P.O. Box 1677
Oklahoma City, OK 73101-1677

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