



Lead Compliance Plan (Short Form)

Date:	Project Request #: PR	Work Order #: WO
Building Name:	Work Site Location:	
Competent Person:	Phone Number:	
People on Site:		
Work Practice Level: WP	Crew Duties:	

- RRP Requirements have been met. The Lead Pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, has been distributed accordingly, and Pre-Renovation forms have been completed.

WORK PRACTICE LEVEL SUMMARY

Work Practice	Description	Level 1	Level 2	Level 3
<input type="checkbox"/> WP 1	Removing Paint Chips and Debris	■	■	■
<input type="checkbox"/> WP 2	Cleaning Damaged or Deteriorated Surfaces		■	■
<input type="checkbox"/> WP 3	Removing Small Areas of Paint	■	■	■
<input type="checkbox"/> WP 4	Wet Sanding		■	
<input type="checkbox"/> WP 5	Penetrating Lead-Based Paint	■	■	■
<input type="checkbox"/> WP 6	Removing Components from Lead-Painted Surfaces	■	■	■
<input type="checkbox"/> WP 7	Attaching to a Lead-Painted Surface	■	■	■
<input type="checkbox"/> WP 8	Applying Coatings to Lead-Painted Surfaces	■	■	■
<input type="checkbox"/> WP 9	Installing Materials Over Lead-Painted Surfaces	■	■	■
<input type="checkbox"/> WP 10	Enclosing a Lead-Painted Surface	■	■	■
<input type="checkbox"/> WP 11	Patching a Lead Painted Surface	■	■	■
<input type="checkbox"/> WP 12	Exposing Lead-Paint Contaminated Cavities	■	■	■
<input type="checkbox"/> WP 13	Door and Window Maintenance	■	■	■
<input type="checkbox"/> WP 14	Changing Filters and Waste Bags in HEPA Vacuums			■
<input type="checkbox"/> WP 15	Cleaning or Removing Contaminated Carpet	■	■	■
<input type="checkbox"/> WP 16	Landscaping in Soil Containing Elevated Levels of Lead		■	

Engineering Controls:
Personal Air Monitoring:

Additional Notes:

PPE, TOOLS & SUPPLIES (Minimum Required)

	Level 1	Level 2	Level 3
Personal Protective Equipment	<input type="checkbox"/> Disposable Gloves	<input type="checkbox"/> Disposable Gloves	<input type="checkbox"/> Disposable Gloves
	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Glasses
	<input type="checkbox"/> Other:	<input type="checkbox"/> Disposable Shoe Coverings	<input type="checkbox"/> Disposable Shoe Coverings
		<input type="checkbox"/> Other:	<input type="checkbox"/> Respiratory Protection w/ HEPA Filters <input type="checkbox"/> Disposable Coveralls <input type="checkbox"/> Other:
Tools	<input type="checkbox"/> Garden Sprayer / Mister	<input type="checkbox"/> Garden Sprayer / Mister	<input type="checkbox"/> Garden Sprayer / Mister
	<input type="checkbox"/> Other:	<input type="checkbox"/> Putty Knife / Paint Scraper	<input type="checkbox"/> Putty Knife / Paint Scraper
		<input type="checkbox"/> Utility Knife	<input type="checkbox"/> Utility Knife
		<input type="checkbox"/> Other:	<input type="checkbox"/> HEPA Vacuum w/ Attachments <input type="checkbox"/> Other:
Supplies	<input type="checkbox"/> Plastic Drop Cloth	<input type="checkbox"/> Plastic Drop Cloth	<input type="checkbox"/> Plastic Drop Cloth
	<input type="checkbox"/> Bucket w/Clean Water	<input type="checkbox"/> Mop & Bucket w/Clean Water	<input type="checkbox"/> Bucket w/Clean Water
	<input type="checkbox"/> Sponges	<input type="checkbox"/> Sponges	<input type="checkbox"/> Sponges
	<input type="checkbox"/> Detergent (Lead Specific)	<input type="checkbox"/> Detergent (Lead Specific)	<input type="checkbox"/> Detergent (Lead Specific)
	<input type="checkbox"/> Clean Cloths	<input type="checkbox"/> Clean Cloths	<input type="checkbox"/> Clean Cloths
	<input type="checkbox"/> Paper Towels	<input type="checkbox"/> Paper Towels	<input type="checkbox"/> Paper Towels
	<input type="checkbox"/> Plastic Disposal Bags	<input type="checkbox"/> Plastic Disposal Bags	<input type="checkbox"/> Plastic Disposal Bags
	<input type="checkbox"/> Duct/Vinyl Tape	<input type="checkbox"/> Duct/Vinyl Tape	<input type="checkbox"/> Duct/Vinyl Tape
	<input type="checkbox"/> Other:	<input type="checkbox"/> 2 Buckets w/Clean Water	<input type="checkbox"/> 2 Buckets w/Clean Water
<input type="checkbox"/> Other:		<input type="checkbox"/> Swiffer Mop w/Clean Pads	
		<input type="checkbox"/> Warning Signs	
		<input type="checkbox"/> Warning Barrier Tape	
		<input type="checkbox"/> Other:	

Signature of Competent Person

Date

Reviewed By

Date