



Get the Lead Out!
LEAD HAZARD CONTROL PROGRAM

PROGRAM OFFICES: 300 MONROE AVE NW SUITE 440. (616) 456-3672

ONGOING MONITORING AND MAINTENANCE CERTIFICATION

ADDRESS: _____ UNIT: _____

DATE: _____

On ____/____/____, I, _____ (owner / agent) inspected the unit identified above for deteriorated lead-based paint (as identified in a Risk Assessment / Lead Inspection Report dated ____/____/____), bare soil, and lead hazard control failures.

No deteriorated lead-based paint, bare soil, or lead hazard control failures were found.

Deteriorated lead-based paint, bare soil, and/or other lead hazard control failures were found in the following locations:

I hereby certify that all deteriorated lead-based paint and bare soil conditions were corrected using lead-safe work practices. All failed lead hazard control measures involving enclosure or encapsulation were corrected by qualified lead professionals.

A Clearance Test Report is attached (required for all repairs made to identified lead painted surfaces exceeding *de minimus* levels and all repairs to enclosures or encapsulations).

 Owner / Agent

 Date

Inspections must be conducted and documented at each tenant turn-over and/or annually. A copy of this document must be retained in the property owner's files.

Upon request, copies must be provided to the City of Grand Rapids Lead Hazard Control Program.