



Main Office: 1 Arcadia Street Dorchester, MA 02122
Toll Free: 800-349-7779
www.asapenvironmental.com

LETTER OF FULL INITIAL LEAD INSPECTION COMPLIANCE
(This does not mean lead-free)

Amy DiStefano
35 Will Dr # 3
Canton, MA 02021

Dear Amy DiStefano

This letter is to certify that I inspected your property located at 35 Will Dr Unit 3, and relevant interior and exterior common areas, in the City/Town of Canton, MA 02021 for dangerous levels of lead according to 105 CMR 460.730 of the Regulations for Lead Poisoning Prevention and Control, and determined that there were no violations of the Lead Law, Massachusetts General Laws, Chapter 111, section 197. The inspection was conducted on 12 / 08 / 18.

- I also certify that I observed no evidence or signs that unauthorized deleading activities may have occurred in this unit or in its associated common areas.
This unit has a history of unauthorized deleading, but has since been brought to compliance with current standards in accordance with the regulations.

Please be advised that Massachusetts law requires that only certain residential surfaces be free of lead paint. Thus, this letter does not mean that your property contains no lead paint. The residential premises or dwelling unit and relevant common areas shall remain in compliance with the requirements of the Lead Laws referenced above only as long as there continues to be no peeling, chipping or flaking lead paint or other accessible leaded materials, as long as coverings and/or encapsulants forming an effective barrier over such paint or other leaded materials remain in place, and as long as surfaces reversed to correct lead hazards remain reversed and securely in place. The law grants you a 30-day maintenance period to repair deteriorated lead paint or detached coverings over such paint, and to clean up, during which time this Letter remains valid. The initial inspection report indicates which surfaces, if any, contain a dangerous level of lead, as well as those surfaces, if any, that were covered upon initial inspection.

The CLPPP authorized serial number for this Letter of Full Initial Lead Inspection Compliance is 38623984123118-3. This number is tracked and unique to this address and unit.

DO NOT LOSE THESE DOCUMENTS. If the documents are lost you will be required to have additional private inspector services that may cost you significant amounts of money. This Letter of Full Initial Lead Inspection Compliance is only for the address and unit number noted above. If you change the street address, unit/apartment number or any other identifying information pertaining to the residential premises referred to in this Letter of Full Initial Lead Inspection Compliance, this Compliance Letter may be considered null and void by the Department of Public Health.

Do not alter this document in any way. Altering this document is fraudulent and may endanger the health and safety of a child which may result in significant legal consequences. In addition to any potential civil liability which may arise as the result of the alteration of this Letter of Compliance, the Massachusetts Department of Public Health's Childhood Lead Poisoning Prevention program may seek criminal prosecution of any person who alters this document after it is originally issued.

Sincerely,

Benjamin Misch
Inspector (Print Name)

3984
License #

Signature: Benjamin Misch
Date: 12 / 31 / 18

Fact Sheet for Maintaining Compliance

Your Unit is Not Lead Free

To keep children and occupants safe you must maintain your property in the same condition as the day the inspector issued your compliance letter.

Your lead inspector indicates that the unit has:

A lot of lead left behind

Some lead left behind

A little lead left behind

It only takes **one** lead hazard to poison a child. Check your property at least once a year or anytime you find out about a possible lead hazard. You can also hire a lead inspector to do a Post Compliance Assessment Determination (PCAD) and update your compliance letter.

How to check your property for lead hazards:

1. Make a photocopy of your report.
2. On the copy, either circle or use a highlighter to find the surfaces you need to check. Look in the Lead Column and highlight any surfaces with numbers 1.0 mg/ or higher and any surfaces that say **N/A, MET, COV, Tile, or MR**. These are the surfaces that have, or could have, a dangerous level of lead.
3. Walk the property checking to make sure that these surfaces are still in good condition. Paint must be intact. Coverings and Tile must be in good condition and secure. Write up a list of surfaces that need to be fixed.
4. Fix the lead hazards using lead safe work practices.
 - a. For a rental property, certified lead-safe renovators usually must do the work.
 - b. Contractors hired to do most repair work must be certified lead-safe renovators.
 - c. Contact DLS to find out about certified lead-safe renovators .mass.gov/lwd/labor-standards/deleading-and-lead-
 - d. If you are working in the home you live in, you still need to work safely. Go to epa.gov/lead/renovation-repair-and-painting-program-do-it- to learn more.



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Lead Inspection / Risk Assessment

St.# 35 Street Name Will Street Type Dr. Unit 3
 City Canton Zip Code 02021

Owner Name: Amy Distefano
 Owner Address: 35 Will Dr. #3 Canton, MA 02021 MLGNE.com
 Contact Information: T. 774-521-6990 E. ccrowninshield@
 Client Name (if different from owner): Chris Crowninshield
 Client Address: 206 Rock St. #M-10 Norwood, MA 02062

Number of Rooms in Unit: 5
 Property Type:
 Single Family
 Multi Family # of Units: _____
 Condominium # of Units: 6
 Day Care Other: _____

Key	Lead Column
COV	Covered
DC	Drop Ceiling
MET	Metal
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
VB	Vinyl Baseboard
VR	Vinyl Rep. Window

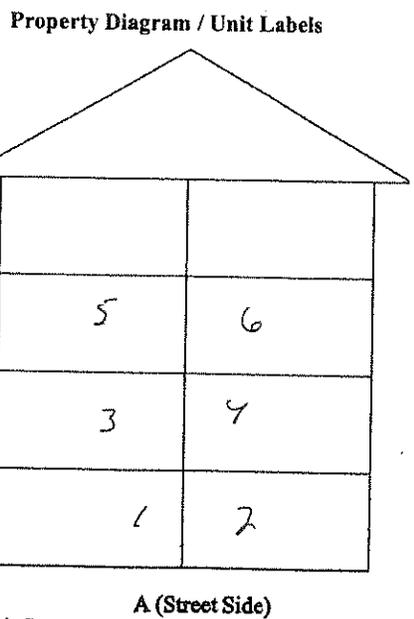
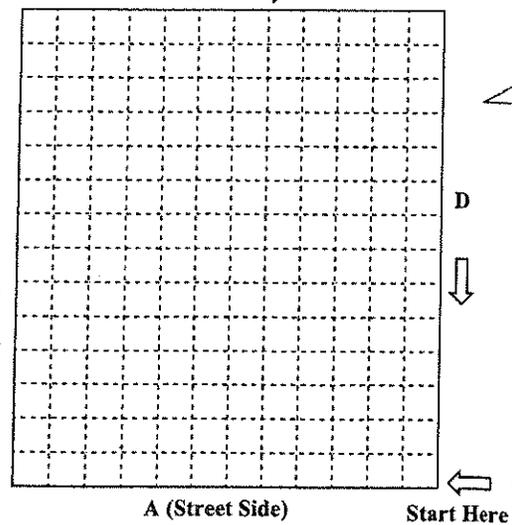
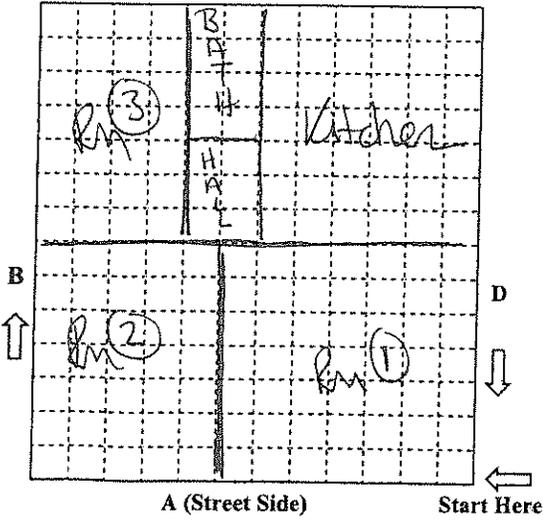
Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	REM	Removed
DIP	Dipped	REP	Replaced
ENC	Encapsulated	SCR	Scraped
INT	Intact	SFR	Storm Frame Removed
MI	Made Intact	SLD	Sealed
PRE	Prepared for Enc.	STP	Stripped
<input checked="" type="checkbox"/>	Component Does Not Exist	VR/MR	Vinyl/Metal Rep Window

Laundry in Basement? Yes No
 Finished Space in Basement? Yes No
 Possible Pb Water Service Line
 Yes No Not Tested
 Testing Method Used
 Na₂S Expiration Date: 1/1
 X-Ray Fluorescence
 Model: Pb200i Serial # 1130

Comments / Notes: _____

Demarcation Lines
 Submitted for Compliance Evaluation

Floor# 2nd (level within building of unit being inspected) Floor# _____



Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.
 XRF Calibration Recorded in Log Book
 Address Verified through USPS
 Research on Lead Related History for Address
 www.state.ma.us/dph/clppp or 800-532-9571

Benjamin Misch
 Inspector's Name (print)
 LI/RA - revised 06/17

3984
 License #

Benjamin Misch
 Signature

12/8/18
 Date

REOCCUPANCY CERTIFICATE HISTORY

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY (CONT.)

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance				
1	2	0	8	10
No prior history/ No signs of UD				

Inspector Name: Ben Misch ¹¹²³⁹⁸⁴, Lic# _____

Signature Ben Misch

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr.				

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance				
Dust wipes if No Reocc.				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Visual Reinspection				
No LOC Issued				

P Inspector Name: _____, Lic# _____

F Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P Inspector Name: _____, Lic# _____

F Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P Inspector Name: _____, Lic# _____

F Signature _____

UD / DES Final Reinspection				
No LOC Issued				

P Inspector Name: _____, Lic# _____

F Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The “A” side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the “A” side move clockwise to the “B” side on your left, the “C” side opposite you, and the “D” side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, “Baseboard” may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the “Lead” column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A “pos” or “neg” shows that the surface was tested with sodium sulfide. “Pos” means that there is a dangerous level of lead. • “N/A” means that the inspector was not able to test the surface. The inspector must assume the surface contains lead and require it to be delead. Speak to the inspector about possible alternative testing options. • “MET” or “MR” means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be delead if they test equal to or greater than 1.0 mg/cm², or are marked “MET” or “N/A”. All other metal surfaces must be intact. • For key to abbreviations like “COV”, “VB”, “VR” or “MR”, “NC”, “Tile”, “DC”, see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • “MI” circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety. • “SF” circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. • “A/M” circled means that the surface is “accessible mouthable” and must be delead to a minimum of five feet high, four inches in from the edge or corner. • “F” circled means that the surface is a “friction” surface and must be delead at all points of potential friction. • “L” circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • “N/A” means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is completed during a risk assessment, which is an evaluation of a home’s suitability for Interim Control. Only a licensed risk assessor can do a risk assessment. If “Y” is circled, then this surface is considered an “Urgent Lead Hazard” and deleading is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report’s cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. “N/A” means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.
RULED OUT BOX	Encapsulants only work well if the paint is in good condition. If the inspector sees that there are adhesion problems with eligible surfaces in a room, he/she will rule out encapsulation as a deleading method.

Benjamin Misch

I/R-3984

Benjamin Misch (Signature)

12/08/18

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Inspector (print)

Lic #

Signature

Date

Risk Assessor: 05 WILL DR

Lic #

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

ROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	00	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	00	L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	00	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
	Closet Door	00	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	00	L N/A	Y				
C	Closet Jamb	0.1	F L N/A	Y				
D	Closet Walls	00	L N/A	Y				
	Cl Baseboard	00	L N/A	Y				
1	Closet Pole	00	L N/A	Y				
2	Closet Shelf	00	L N/A	Y				
3	Cl Supports	00	L N/A	Y				
4	Closet Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	00	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	00	M/I L N/A	Y				
	Int Stops	00	M/I L N/A	Y				
1	Win Int Sash	00	M/I L N/A	Y				
2	Exterior Sill	00	M/I SF L N/A	Y				
3	Part Bead	00	M/I L N/A	Y				
4	Blind Stop	00	M/I SF L N/A	Y				
	Win Ext Sash	00	M/I L N/A	Y				
A	Window Sill	00	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	00	M/I L N/A	Y				
	Int Stops	00	M/I L N/A	Y				
1	Win Int Sash	00	M/I L N/A	Y				
2	Exterior Sill	00	M/I SF L N/A	Y				
3	Part Bead	00	M/I L N/A	Y				
4	Blind Stop	00	M/I SF L N/A	Y				
	Win Ext Sash	00	M/I L N/A	Y				
A	Window Sill	00	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	00	M/I L N/A	Y				
	Int Stops	00	M/I L N/A	Y				
1	Win Int Sash	00	M/I L N/A	Y				
2	Exterior Sill	00	M/I SF L N/A	Y				
3	Part Bead	00	M/I L N/A	Y				
4	Blind Stop	00	M/I SF L N/A	Y				
	Win Ext Sash	00	M/I L N/A	Y				
A B	Fireplace	00	L N/A	Y				
C D	Mantle	00	L N/A	Y				
A B C D	Win Above 5'	00	L N/A	Y				
	Ceiling Molding	00	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch

I/R-3984

Benjamin Misch

12/08/18

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print) WILL DR

Lic #

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

ROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	00	L N/A	Y				
A B	Low Walls	/	L N/A	Y				
A B	Baseboards	0.1	L N/A	Y				
A B	Chair Rail	/	L N/A	Y				
A B	Radiator	00	L N/A	Y				
C D	Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
C D	Ceiling	0.1	L N/A	Y				
A B	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	00	L N/A	Y				
B	Ci Door Edge	/	F L N/A	Y				
C	Ci Casing	00	L N/A	Y				
D	Closet Jamb	00	F L N/A	Y				
	Closet Walls	00	L N/A	Y				
	Ci Baseboard	0.1	L N/A	Y				
1	Closet Pole	0.0	L N/A	Y				
2	Closet Shelf	0.0	L N/A	Y				
3	Ci Supports	00	L N/A	Y				
4	Closet Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.1	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	00	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	0.0	M/I L N/A	Y				
2	Exterior Sill	0.0	M/I SF L N/A	Y				
3	Part Bead	0.0	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	0.0	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B	Win Above 5'	/	L N/A	Y				
C D	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch
Inspector (print)

I/R-3984
Lic #

Benjamin Misch
Signature

12/08/18
Date

718
Page ___ Of ___

Risk Assessor **35 WILL DR** Lic #

Lic #

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0	L N/A	Y				
	Floor	0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0	L N/A	Y				
3 4	Door Jamb	0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0	L N/A	Y				
3 4	Door Jamb	0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Closet Door	/	L N/A	Y				
A B C D	Cl Door Edge	/	F L N/A	Y				
B C	Cl Casing	0	L N/A	Y				
C D	Closet Jamb	0	F L N/A	Y				
D	Closet Walls	0	L N/A	Y				
	Cl Baseboard	0	L N/A	Y				
1	Closet Pole	0	L N/A	Y				
2	Closet Shelf	0	L N/A	Y				
3	Cl Supports	0	L N/A	Y				
4	Closet Floor	0	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0	M/I A/M L N/A	Y				
B	Win Apron	0	L N/A	Y				
C	Win Casing	0	L N/A	Y				
D	Header Stop	0	M/I L N/A	Y				
	Int Stops	0	M/I L N/A	Y				
1	Win Int Sash	0	M/I L N/A	Y				
2	Exterior Sill	0	M/I SF L N/A	Y				
3	Part Bead	0	M/I L N/A	Y				
4	Blind Stop	0	M/I SF L N/A	Y				
	Win Ext Sash	0	M/I L N/A	Y				
A	Window Sill	0	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	0	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch

I/R-3984

Benjamin Misch

12/08/18

Page 818 Of

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

35 WILL DR

Lic #

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

ROOM#

Hall

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	W	L N/A	Y				
A B	Low Walls	/	L N/A	Y				
A B	Baseboards	W	L N/A	Y				
A B	Chair Rail	/	L N/A	Y				
A B	Radiator	/	L N/A	Y				
CD	Floor	W	L <input type="checkbox"/> (dust) N/A	Y				
CD	Ceiling	W	L N/A	Y				
A B	Door	W	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	W	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	W	L N/A	Y				
CD	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	W	L N/A	Y				
A	Closet Door	W	L N/A	Y				
	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	W	L N/A	Y				
C	Closet Jamb	W	F L N/A	Y				
D	Closet Walls	W	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	W	L N/A	Y				
3	Cl Supports	W	L N/A	Y				
4	Closet Floor	W	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	W	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B	Win Above 5'	/	L N/A	Y				
C D	Ceiling Molding	/	L N/A	Y				
	Door	W	F M/I A/M L N/A	Y				
D	Edge	/	F M/I A/M L N/A	Y				
	Casing	W	F M/I A/M L N/A	Y				
	Jamb	W	F M/I A/M L N/A	Y				
	Threshold	/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch

I/R-3984

Benjamin Misch

12/08/18

Page 9 Of 18

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

35 WILL DR

Lic#

Signature

3

Date

1 1 CANTON

Address of Property:

Apt. #

City:

BATHROOM #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	W	L N/A	Y					A B	Up Cab Frame	.	L N/A	Y				
A B	Low Walls	W	L N/A	Y					C D	Up Cab Door	.	L N/A	Y				
A B	Baseboards	W	L N/A	Y						Up Cab Walls	.	L N/A	Y				
A B	Chair Rail	.	L N/A	Y					1 2	Up Cab Shlvs	.	L N/A	Y				
A B	Radiator	W	L N/A	Y					3 4	Supports	.	L N/A	Y				
	Floor	W	L <input type="checkbox"/> (dust) N/A	Y						Low Cab Fram	W	L N/A	Y				
	Ceiling	W	L N/A	Y					A B	Low Cab Door	W	L N/A	Y				
(A) B	Door	W	L N/A	Y					C D	Low Cab Walls	W	L N/A	Y				
C D	Door Edge	.	F L N/A	Y						Low Cab Shlvs	W	L N/A	Y				
1 2	Door Casing	W	L N/A	Y					1 2	Supports	.	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y					3 4	Drawers	W	L N/A	Y				
	Threshold	W	L N/A	Y						Window Sill	.	M/I A/M L N/A	Y				
A B	Door	.	L N/A	Y					B	Win Apron	.	L N/A	Y				
C D	Door Edge	.	F L N/A	Y					C D	Win Casing	.	L N/A	Y				
1 2	Door Casing	.	L N/A	Y						Header Stop	.	M/I L N/A	Y				
3 4	Door Jamb	.	F L N/A	Y						Int Stops	.	M/I L N/A	Y				
	Threshold	.	L N/A	Y					1	Win Int Sash	W	M/I L N/A	Y				
A B	Door	.	L N/A	Y					2	Exterior Sill	W	M/I SF L N/A	Y				
C D	Door Edge	.	F L N/A	Y					3	Part Bead	W	M/I L N/A	Y				
1 2	Door Casing	.	L N/A	Y					4	Blind Stop	W	M/I SF L N/A	Y				
3 4	Door Jamb	.	F L N/A	Y						Win Ext Sash	W	M/I L N/A	Y				
	Threshold	.	L N/A	Y					A B	Win Above 5'	.	L NA	Y				
	Closet Door	.	L N/A	Y					C D	Ceiling Molding	.	L NA	Y				
A	Cl Door Edge	.	F L N/A	Y					A B	Medicine Cab	.	L NA	Y				
B	Cl Casing	.	L N/A	Y							.	F M/I A/M L N/A	Y				
C	Closet Jamb	.	F L N/A	Y							.	F M/I A/M L N/A	Y				
D	Closet Walls	.	L N/A	Y							.	F M/I A/M L N/A	Y				
	Cl Baseboard	.	L N/A	Y							.	F M/I A/M L N/A	Y				
1	Closet Pole	.	L N/A	Y							.	F M/I A/M L N/A	Y				
2	Closet Shelf	.	L N/A	Y							.	F M/I A/M L N/A	Y				
3	Cl Supports	.	L N/A	Y							.	F M/I A/M L N/A	Y				
4	Closet Floor	.	L <input type="checkbox"/> (dust) N/A	Y							.	F M/I A/M L N/A	Y				
	Closet Ceiling	.	L N/A	Y							.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch

I/R-3984

12/08/18

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print) 35 WILL DR

Lic#

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.0	L N/A	Y				
A B	Low Walls	/	L N/A	Y				
A B	Baseboards	0.0	L N/A	Y				
A B	Chair Rail	/	L N/A	Y				
A B	Radiator	0.0	L N/A	Y				
	Floor	6.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.0	L N/A	Y				
	Up Cab Walls	0.0	L N/A	Y				
1 2	Up Cab Shlvs	0.0	L N/A	Y				
3 4	Supports	/	L N/A	Y				
	Low Cab Fram	0.0	L N/A	Y				
A B	Low Cab Door	0.0	L N/A	Y				
C D	Low Cab Walls	0.0	L N/A	Y				
	Low Cab Shlvs	0.0	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	0.0	L N/A	Y				
A B	Win Above 5'	/	L N/A	Y				
C D	Ceiling Molding	/	L N/A	Y				

		tr clmn 0.0	F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Benjamin Misch

I/R-3984

Benjamin Misch

12/08/18

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Inspector (print)

Lic #

Signature

Date

1 / 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 35 WILL DR

Apt. #

3

City:

CANTON

STAIRCASE # Floor 2-1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	00	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	00	L N/A	Y				
	Floor	CW	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	00	L N/A	Y				
A B C D	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B C D	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B C D	Door	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B C D	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	00	L N/A	Y				
	Railing Cap	00	A/M L N/A	Y				
	Handrail	00	A/M L N/A	Y				
	Balusters	00	L N/A	Y				
	Lower rail	00	L N/A	Y				
	Treads	00	F L N/A	Y				
	Risers	00	L N/A	Y				
	Stringer	00	L N/A	Y				
	Tread edge >5"	00	L N/A	Y				
	Landing floor	CW	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	00	L N/A	Y				
	Floor Casing	00	L N/A	Y				
A	Clis	00	F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch

I/R-3984

Benjamin Misch
Signature

12/08/18

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Page Of

Inspector (print)

Lic #

Signature

Date

Risk Assessor 351 WILL DR

Lic #

Signature

3

Date

CANTON

Address of Property:

Apt. #

City:

ROOM # Common Lobby Rm

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	W	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	W	L N/A	Y				
	Floor	W	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	W	L N/A	Y				
A B C D	Door	W	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	W	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	W	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	W	M/I A/M L N/A	Y				
B	Win Apron	W	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	W	M/I L N/A	Y				
2	Exterior Sill	W	M/I SF L N/A	Y				
3	Part Bead	W	M/I L N/A	Y				
4	Blind Stop	W	M/I SF L N/A	Y				
	Win Ext Sash	W	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
	Lockers	W	F M/I A/M L N/A	Y				
	Mailbox	W	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Benjamin Misch
Inspector (print)

I/R-3984
Lic #

Ben Misch
Signature

12/08/18
Date

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Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 35 WILL DR
EXTERIOR A Side

Apt #

3

City:

CANTON

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	CW	L N/A	Y				
A	Corner Boards	CW	L N/A	Y				
A	Lower Trim	CW	L N/A	Y				
A	Upper Trim	CW	L N/A	Y				
A	Win Above 5'	CW	L N/A	Y				
A	Porch Above 5'	/	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Storm Door Edge	/	F L N/A	Y				
1	Door	W	L N/A	Y				
2	Door Edge	/	F L N/A	Y				
3	Door Casing	W	L N/A	Y				
4	Door Jamb	W	F L N/A	Y				
	Threshold	W	L N/A	Y				
	Kickplate	W	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Storm Door Edge	/	F L N/A	Y				
1	Door	/	L N/A	Y				
2	Door Edge	/	F L N/A	Y				
3	Door Casing	/	L N/A	Y				
4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
A	Door	/	L N/A	Y				
1	Door Edge	/	F L N/A	Y				
2	Door Casing	/	L N/A	Y				
3	Door Jamb	/	F L N/A	Y				
4	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	CW	A/M L N/A	Y				
A	Cel Win Frame	CW	L N/A	Y				
#	Cel Win Sash	W	L N/A	Y				
	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
A	Foundation	NL	L N/A	Y				
A	Bulkhead	/	L N/A	Y				
	Fences	/	L N/A	Y				
	Shutters	/	L N/A	Y				
A	Newel post	W	L N/A	Y				
	Railing Cap	W	A/M L N/A	Y				
	Handrail	W	A/M L N/A	Y				
A	Balusters	W	L N/A	Y				
	Lower Rail	W	L N/A	Y				
	Treads	NL	F L N/A	Y				
	Risers	NL	L N/A	Y				
	Tread edge	/	L N/A	Y				
	Landing floor	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Lattice	/	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
A	Elec Conduit	/	L N/A	Y				
	Oil Fill Pipe	/	L N/A	Y				
	Overhang Trim	CW	L N/A	Y				
A	Lamp Post	/	L N/A	Y				
A		/	F M/I A/M L N/A	Y				
A		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
A				
A				
A				
A				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Benjamin Misch
Inspector (print)

I/R-3984
Lic #

Signature

Benjamin Misch

12/08/18
Date

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Risk Assessor (print)

Lic#

Signature

Date

Address of Property: **35 WILL DR**

Appt. #

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City:

CANTON

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	N/C	L N/A	Y				
B	Corner Boards	/	L N/A	Y				
B	Lower Trim	/	L N/A	Y				
B	Upper Trim	CW	L N/A	Y				
B	Win Above 5'	CW	L N/A	Y				
B	Porch Above 5'	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Door	CW	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	DO	F L N/A	Y				
B	Threshold	CW	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
B	Cellar Win Sill	DO	A/M L N/A	Y				
B	Cel Win Frame	DO	L N/A	Y				
#	Cel Win Sash	DO	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Cellar Win Sill	/	A/M L N/A	Y				
B	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Cellar Win Sill	/	A/M L N/A	Y				
B	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Foundation	N/C	L N/A	Y				
B	Bulkhead	/	L N/A	Y				
B	Fences	/	L N/A	Y				
B	Shutters	/	L N/A	Y				
B	Newel post	/	L N/A	Y				
B	Railing Cap	/	A/M L N/A	Y				
B	Handrail	/	A/M L N/A	Y				
B	Balusters	/	L N/A	Y				
B	Lower Rail	/	L N/A	Y				
B	Treads	/	F L N/A	Y				
B	Risers	/	L N/A	Y				
B	Tread edge	/	L N/A	Y				
B	Landing floor	/	L N/A	Y				
B	Stringer	/	L N/A	Y				
B	Lattice	/	L N/A	Y				
B	Drain Pipes	/	L N/A	Y				
B	Elec Conduit	/	L N/A	Y				
B	Oil Fill Pipe	/	L N/A	Y				
B	Overhang Trim	CW	L N/A	Y				
B	Support Clmns	/	L N/A	Y				
B		/	F M/I A/M L N/A	Y				
B		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
B				
B				
B				
B				

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

Comments:

Benjamin Misch
Inspector (print)

I/R-3984
Lic #

Benjamin Misch
Signature

12/08/18
Date

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Risk Assessor (print)

Lic#

Signature

Date

Address of Property **35 WILL DR**

Apt. #

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City:

CANTON

EXTERIOR C Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	R/O	L N/A	Y				
C	Corner Boards	CW	L N/A	Y				
C	Lower Trim	CW	L N/A	Y				
C	Upper Trim	CW	L N/A	Y				
C	Win Above 5'	CW	L N/A	Y				
C	Porch Above 5'	R	L N/A	Y				
C	Storm Door	/	L N/A	Y				
C	Strm Door Edge	/	F L N/A	Y				
C	Door	W	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	W	L N/A	Y				
3 4	Door Jamb	W	F L N/A	Y				
3 4	Threshold	W	L N/A	Y				
3 4	Kickplate	/	L N/A	Y				
C	Storm Door	/	L N/A	Y				
C	Strm Door Edge	/	F L N/A	Y				
C	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
3 4	Threshold	/	L N/A	Y				
3 4	Kickplate	/	L N/A	Y				
C	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
3 4	Threshold	/	L N/A	Y				
3 4	Kickplate	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
C	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
C	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Window Sill	/	A/M L N/A	Y				
C	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
C	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
C	Cellar Win Sill	CW	A/M L N/A	Y				
C	Cel Win Frame	W	X 4 L N/A	Y				
#	Cel Win Sash	W	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
C	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
C	Foundation	W	L N/A	Y				
C	Bulkhead	/	L N/A	Y				
C	Fences	/	L N/A	Y				
C	Shutters	/	L N/A	Y				
C	Newel post	/	L N/A	Y				
C	Railing Cap	/	A/M L N/A	Y				
C	Handrail	/	A/M L N/A	Y				
C	Balusters	/	L N/A	Y				
C	Lower Rail	/	L N/A	Y				
C	Treads	/	F L N/A	Y				
C	Risers	/	L N/A	Y				
C	Tread edge	/	L N/A	Y				
C	Landing floor	/	L N/A	Y				
C	Stringer	/	L N/A	Y				
C	Lattice	W	L N/A	Y				
C	Drain Pipes	/	L N/A	Y				
C	Elec Conduit	/	L N/A	Y				
C	Oil Fill Pipe	/	L N/A	Y				
C	Overhang Trim	CW	L N/A	Y				
C	Support Clms	W	L N/A	Y				
C	Lintels	0.3	F M/I AM L N/A	Y				
C			F M/I AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
C				
C				
C				
C				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Benjamin Misch

I/R-3984

Benjamin Misch

12/08/18

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property 35 WILL DR

Apt. #

3

City:

CANTON

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	N/C	L N/A	Y				
D	Corner Boards	/	L N/A	Y				
D	Lower Trim	/	L N/A	Y				
D	Upper Trim	OK	L N/A	Y				
D	Win Above 5'	/	L N/A	Y				
D	Porch Above 5'	/	L N/A	Y				
D	Storm Door	/	L N/A	Y				
D	Strm Door Edge	/	F L N/A	Y				
D	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
D	Door Jamb	/	F L N/A	Y				
D	Threshold	/	L N/A	Y				
D	Kickplate	/	L N/A	Y				
D	Storm Door	/	L N/A	Y				
D	Strm Door Edge	/	F L N/A	Y				
D	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
D	Door Jamb	/	F L N/A	Y				
D	Threshold	/	L N/A	Y				
D	Kickplate	/	L N/A	Y				
D	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
D	Door Jamb	/	F L N/A	Y				
D	Threshold	/	L N/A	Y				
D	Kickplate	/	L N/A	Y				
D	Window Sill	/	A/M L N/A	Y				
D	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
D	Window Sill	/	A/M L N/A	Y				
D	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
D	Window Sill	/	A/M L N/A	Y				
D	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Window Sill	/	A/M L N/A	Y				
D	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
D	Cellar Win Sill	/	A/M L N/A	Y				
D	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
D	Screen Frame	/	L N/A	Y				
D	Cellar Win Sill	/	A/M L N/A	Y				
D	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
D	Screen Frame	/	L N/A	Y				
D	Cellar Win Sill	/	A/M L N/A	Y				
D	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
D	Screen Frame	/	L N/A	Y				
D	Foundation	/	L N/A	Y				
D	Bulkhead	/	L N/A	Y				
D	Fences	/	L N/A	Y				
D	Shutters	/	L N/A	Y				
D	Newel post	/	L N/A	Y				
D	Railing Cap	/	A/M L N/A	Y				
D	Handrail	/	A/M L N/A	Y				
D	Balusters	/	L N/A	Y				
D	Lower Rail	/	L N/A	Y				
D	Treads	/	F L N/A	Y				
D	Risers	/	L N/A	Y				
D	Tread edge	/	L N/A	Y				
D	Landing floor	/	L N/A	Y				
D	Stringer	/	L N/A	Y				
D	Lattice	/	L N/A	Y				
D	Drain Pipes	/	L N/A	Y				
D	Elec Conduit	/	L N/A	Y				
D	Oil Fill Pipe	/	L N/A	Y				
D	Overhang Trim	/	L N/A	Y				
D	Support Clms	/	L N/A	Y				
D		/	F M/A L N/A	Y				
D		/	F M/A L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
D				
D				
D				
D				

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

Comments: