

Renovation, Repair, and Painting On-Site Work Plan

Instructions

This work plan must be completed before the start of the renovation.

This work plan must be completed by the trained renovator who was assigned to the renovation.

Fill in each section of the work plan completely.

Do not leave any item blank. If the item did not apply to your project, enter “Not Applicable” or “N/A”.

This work plan must be maintained by the certified renovation firm for three (3) years after the completion of the renovation.

For questions or more information, call 651-201-4620 or visit the MDH website (<http://www.health.state.mn.us/topics/lead/>).

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Work Site Information

Certified Renovation Firm

MDH Certification Number _____

Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

Responsible Individual _____

Renovator Assigned to the Renovation

Renovator First and Last name _____

Diploma number _____

Description of the Renovation (Check all that apply)

Bathroom	Kitchen	Windows/Doors	Deck/Patio	Siding
Walls/Floors	Finish Attic	Finish Basement	Whole House	Bedroom

Other _____

Renovation Site

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Address _____

City _____ State _____ Zip Code _____

Telephone _____

Renovation Schedule

Start Date _____

End Date _____

Renovation Areas

Interior Lower Level (Check all that apply)

Bedroom Family Room Bathroom Furnace/Storage Area
Other _____

Interior Main Level (Check all that apply)

Kitchen Dining Room Living Room Bathroom Bedroom Hall
Other _____

Interior Upper Level (Check all that apply)

Hall Bedroom 1 Bedroom 2 Bedroom 3 Bathroom
Other _____

Exterior (Check all that apply)

Siding Soffit/Fascia Windows Doors Garage Porch
Other _____

Work Practices

Interior Work Practices (Check all that apply)

Not Applicable OR

Post warning signs

Seal HVAC

Flap work area entry

Use water

Clean work area

Remove warning signs

Isolate work area

Close windows/doors

Seal floors

Contain waste

Do cleaning verification

Remove/cover objects

Seal doors

Put up walls

Remove barriers

Do clearance inspection

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Exterior Work Practices (Check all that apply)

Not Applicable OR

Post warning signs

Close windows/doors

Flap work area entry

Cover ground

Seal ground cover to building

Put up vertical barrier

Use water

Contain waste

Remove barriers

Clean work area

Do cleaning verification

Do clearance inspection

Remove warning signs

Emergency Renovation

Not Applicable OR

Describe why this renovation is an emergency and what work practices were not followed.

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Work Area Cleaning Verification

Instructions

Select which option applies to the project:

Not Applicable (See next section for clearance inspection report).

OR

Cleaning verification was conducted by a trained renovator to verify that all dust, debris, or residue was cleaned from the work area.

- This form must be completed by the trained renovator who did the cleaning verification.
- Fill in the report completely.
- Do not leave any item blank. If the item did not apply to the project, write “Not Applicable” or “N/A”.
- **Room** – Fill in the name of the room where the cleaning verification took place (Ex: bedroom, kitchen, family room, etc.)
- **Building component** – Fill in the type of building component cleaned (Ex: floor, window sill, counter top, etc.)
- **Visual inspection results** – Fill in if the building component passed or failed a visual inspection (Pass – no visible dust, debris, or residue remains, Fail - visible dust, debris, or residue remains).
- **Verification results** - Fill in if the cleaning cloth used on the building component/surface cleaned met the requirements of the cleaning verification card (Pass – cloth was lighter than the cleaning verification card, Fail - cloth was darker than the cleaning verification card.)
- **Wet cloths used** – Fill in the number of wet cleaning cloths used per building component.
- **Dry cloths used** – Fill in the number of dry cleaning cloths used per building component.

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Cleaning Verification

Work Site Address _____

Renovator First and Last Name (Print) _____ Date _____

Room	Building component cleaned	Visual inspection results (Pass/Fail)	Verification card results (Pass/Fail)	Wet cloths used	Dry cloths used

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Room	Building component cleaned	Visual inspection results (Pass/Fail)	Verification card results (Pass/Fail)	Wet cloths used	Dry cloths used

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Work Area Clearance Inspection

Instructions

Select which option applies to the project:

Not Applicable (See previous section for cleaning verification report).

OR

A clearance inspection was conducted by a licensed lead inspector or lead risk assessor to document the work area met the clearance standards in Minnesota Rules, part 4761,2510. A complete copy of the clearance inspection report is attached.

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Sign In/Out Sheet

Instructions

Fill out the form completely.

- Enter the renovation site address.
- Use one line per worker.
- For the **Name** column, print the workers first and last name(s).
- For the **Work Activity** column write down the main activity the worker was involved with in the work area, such as *area prep*, *window removal*, *wall demo*, etc.
- For the **Time In/Time Out** columns, write down the time the worker entered the work area and the time the worker left the work area. You do not need to enter times in/out for 15 minutes breaks, lunch breaks, restroom breaks, etc.

If the project takes more than one day, skip a row and continue filling out the same sign-in/sign-out sheet. Or use a separate sheet for each day of the project.

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Sign In/Out Sheet

Renovation Site Address _____

Date	Employee First and Last Name (Print)	Work Activity	Time In	Time Out

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Disclosure Pamphlet Information

Instructions

Pre-Renovation Form – In Person Delivery

If the disclosure pamphlet was delivered by hand/in person to the property owner/tenant, fill out the Pre-Renovation Form – In Person Delivery page. Make sure to obtain:

- Written acknowledgments; or
- Certifications that written acknowledgment could not be obtained; and
- Indicate how pamphlet was delivered.

Pre-Renovation Form – USPS Mail Delivery

If the disclosure pamphlet was delivered by USPS Mail to the property owner/tenant, fill out the Pre-Renovation Form – USPS Delivery page. Make sure to:

- Attach all Certificates of Mailing; and
- Mail at least seven (7) days before renovation activities begin.

Common Area Notices

- Indicate steps performed to comply with common area notice requirements to occupants and parents and guardians.

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Pre-Renovation Form – In Person Delivery

Owner-Occupant Confirmation

Pamphlet Receipt

I have received the disclosure pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity performed in my dwelling unit. I received this pamphlet before work began.

Name of Owner-Occupant (Print) _____

Date _____

By selecting this box, I am signing I have read and agree to Owner-Occupation Confirmation.

Self-Certification Option (for tenant-occupied dwellings only)

If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

Declined – I certify I made a good faith effort to deliver the disclosure pamphlet to the rental dwelling unit _____ at the date indicated and the occupant declined to sign the confirmation of receipt. I further certify I left a copy of the disclosure pamphlet at the unit with the occupant.

Unavailable for signature – I certify I made a good faith effort to deliver the disclosure pamphlet to the rental dwelling unit _____ and the occupant was unavailable to sign the confirmation of receipt. I further certify I left the disclosure pamphlet at the unit by (check how pamphlet was left).

Slid under door

Attached to door

Other (Describe below)

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Name of Person Certifying Delivery (Print) _____

Attempted Delivery Date _____

By selecting this box, I am signing I have read and agree to Self-Certification Option.

Pre-Renovation Form – USPS Mail Delivery

Certified Mail Confirmation

I certify I made a good faith effort to deliver the disclosure pamphlet to the dwelling unit by USPS Certified Mail. The Certificate of Mailing is submitted with this form.

Name of Person Certifying Delivery (Print) _____

Attempted Delivery Date _____

By selecting this box, I am signing I have read and agree to Certified Mail Confirmation.

Email *Certificate of Mailing* with this form.



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Pre-Renovation Form – Common Area Notices

Select all the methods used to inform tenants of work in common areas.

Notice posted at entry doors.

Notice posted in elevators.

Notice posted on community bulletin board.

Other (Describe below)

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Current Training of On-Site Individuals

Instructions

List the current training documentation for all renovation firm employees on site.

- Enter the renovation site address.
- For the **Training Date** column, enter the date the training occurred.
- For the **Training Renovator** column, enter the first and last name(s) of the renovator conducted the training.
- For the **Trainee** column, enter the workers first and last name(s).
- For the **Specific Work Activity Training** column enter the specific work activity the worker was trained on, such as *laying out plastic sheeting, wet cleaning methods*, etc. Use one line per activity.

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Training of On-Site Individuals

Renovation site address _____

Training Date	Training Renovator Name (First name, last name)	Trainee Name (First name, last name)	Specific Work Activity Training

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Paint Testing

Instructions

Select which option applies to the project:

All paint was assumed to be lead paint based on the age of the renovation site.

OR

Not Applicable (See next section for paint inspection/risk assessment report).

OR

Paint testing was conducted by a trained renovator to determine the presence and location of lead paint at this site and a complete record is attached.

- This report must be completed by the trained renovator who did the lead paint testing.
- Fill in the report completely.
- Do not leave any item blank. If the item did not apply to the project, write “Not Applicable” or “N/A”.
 - **Testing site Information** – Fill in the address of the site where the lead paint testing occurred and the date the paint testing occurred.
 - **Renovator information** – Fill in the name and signature of the trained renovator who conducted the paint testing.
 - **Test kit information** – Fill in the brand of the test kit used (Ex: LeadCheck), the manufacturer of the test kit (Ex: 3M) and the serial number/lot number of the test kit.
 - **Testing results** - Fill in the building component tested (Ex: window sash, newel post, door jamb, etc.), the color of the building component tested (Ex: blue, green, white, stained, etc.), the floor the testing took place on (Ex: basement, first floor, etc.), the location of the testing (Ex: master bedroom, bathroom, kitchen, etc.) and the result of the test (Ex: pos or neg or + or -).

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Paint Testing

Testing Site Information

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Date of Testing _____

Renovator Information

Name of Renovator conducting testing _____

Test Kit Information

Brand of Test Kit _____

Manufacturer of Test Kit _____

Serial Number of Test Kit _____

Testing Results

Building Component Tested	Color	Floor	Location	Result (Positive or Negative)
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Lead Paint Inspection Report/Lead Risk Assessment Report

Instructions

Select which option applies to the project:

All paint was assumed to be lead paint based on the age of the renovation site.

OR

Not Applicable (See previous section for paint testing results).

OR

A complete copy of the lead paint inspection report or lead risk assessment report that was used to determine the presence and location of lead paint at this site is attached.

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