

# Anderson Lead Inspections

Stow, MA 01775  
www.andersonlead.com

Craig Anderson, Lic # M-3801  
Master Inspector/Risk Assessor

(978) 875-3081  
canderson@andersonlead.com

## Lead Inspection / Risk Assessment

St.# 528 Street Name Great Elm Street Type Way Unit ---none---  
City Acton Zip Code 01718

Owner Name: Jennie Sandberg  
Owner Address: 528 Great Elm Way, Acton, MA 01718  
Contact Information: (978) 274-5588  
Client Name (if different from owner): Frederick Osei-Yeboah (612) 886-4878  
Client Address: 388 Great Rd. Apt. 16B, Acton, MA 01720

Number of Rooms in Unit: 9  
Property Type:  
 Single Family  
 Multi Family # of Units:           
 Condominium # of Units: 10  
 Day Care  Other:         

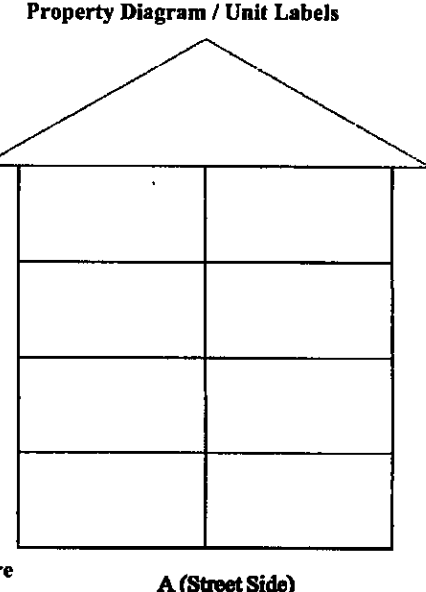
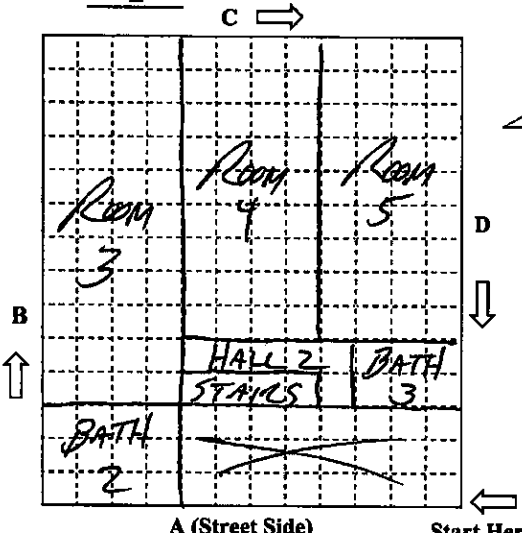
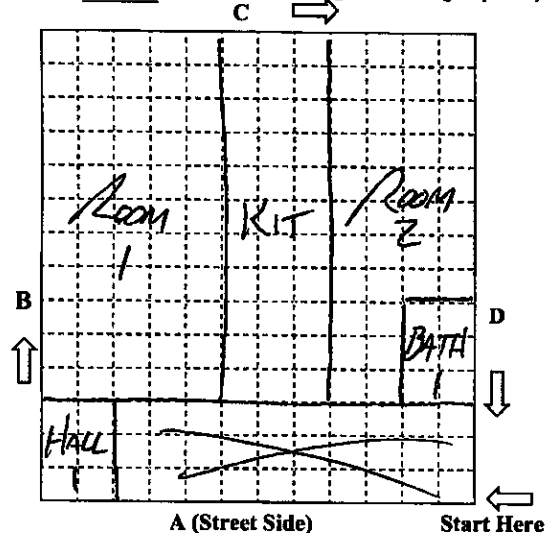
Key	Lead Column
COV	Covered
DC	Drop Ceiling
MET	Metal
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
VB	Vinyl Baseboard
VR	Vinyl Rep. Window

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 Uscd  
Na<sub>2</sub>S Expiration Date:      /      /       
X-Ray Fluorescence  
Model: RMD LPA1 Serial # 1139  
 Demarcation Lines  
 Submitted for Compliance Evaluation

Comments / Notes: \_\_\_\_\_

Floor# 1 (level within building of unit being inspected) Floor# 2



Pb (lead) equal to or greater than 1.0 mg/cm<sup>2</sup> with x-ray fluorescence or positive with Na<sub>2</sub>S is **Dangerous**.  
XRF Calibration Recorded in Log Book  ✓ - Check off when complete  
Address Verified through USPS  ✓ - Check off when complete  
Research on Lead Related History for Address  ✓ - Check off when complete  
www.state.ma.us/dph/clppp or 800-532-9571

Craig Anderson  
Inspector's Name (print)  
LI/RA - revised 06/17

M-3801  
License #

*[Signature]*  
Signature

11 / 05 / 19  
Date

**INSPECTION HISTORY**

Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Comprehensive Initial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: Craig Anderson, Lic# 3801  
 Signature \_\_\_\_\_

Comp Initial w/Partial PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Addendum (add-on to Initial Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Addendum as Full Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Walk Through for Ed/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

**INTERIM CONTROL**

Visual Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Risk Assessment Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for RA Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

**REINSPECTION HISTORY**

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

**POST COMPLIANCE ASSESSMENT DETERMINATIONS**

PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Full Inspection Acting as PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
 Signature \_\_\_\_\_

**REOCCUPANCY CERTIFICATE HISTORY**

**COMPLIANCE HISTORY (CONT.)**

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

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

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	1	0	5	1
No prior history/ No signs of UD				

Inspector Name: **Craig Anderson**, Lic# **3801**

Signature 

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 \_\_\_\_\_

Approved CLPPP Waiver				
Attach to Comp Docs				

**OTHER HISTORY: WAIVERS/UD**

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  
F

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

UD / DES Dust Taken				
No LOC Issued				

P  
F

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

UD / DES Dust Taken				
No LOC Issued				

P  
F

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_

UD / DES Final Reinspection				
No LOC Issued				

P  
F

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_

Signature \_\_\_\_\_