

Owner LBP Certification Form

Tenant Based Rent Assistance Program

For _____ (print tenant's name) ID# (subsidy #) _____

I, _____ (printed name), owner (or representative) of _____ (unit or address), certify that all deteriorated paint identified in the HAKC housing quality standards inspection report dated _____ was stabilized and that safe work practices were followed. Items 1A-1E were adhered to, in compliance with Federal, State and local regulations, except in cases where the work was exempt from safe work practice requirements as described in item 2. I also certify that I will conduct ongoing maintenance as described in item 3 below.

Check Number 1 or 2 and Number 3

_____ 1. The following practices were followed as appropriate (check all that apply).

- A. The **prohibited work methods** listed below were **not** used.
- = Open flame burning or torching
 - = Machine sanding or grinding without a high-efficiency particulate air (HEPA) local exhaust control.
 - = Abrasive blasting or sandblasting without HEPA local exhaust control
 - = Heat guns operating above 1,100 degrees Fahrenheit, or those that operate high enough to char paint.
 - = Dry sanding or dry scraping. (For exceptions, see 24CFR 35.140 (e).)
 - = Paint stripping in an inadequately ventilated space using a volatile stripper that is a hazardous substance in accordance with regulations of the Consumer Product Safety and Health Administration at 29 CFR 1010.1200 or 1926.59, as applicable to the work.
- B. **Workers** performing the work **were qualified** to do so, in compliance with 24 CFR part 35.
- = Workers were supervised by a certified abatement supervisor; **or**
 - = Workers have successfully completed a HUD-approved training on Lead Safe work practices (see www.hud.gov/offices/lead/lbptraining for approved courses) Provide HAKC with a copy of training certificate.
- C. **Protection of occupants** and preparation of the worksite as described below.
- **Occupant Protection**
 - = Occupants were **not permitted to enter** the worksite during hazard reduction activities until final clearance was achieved.
 - = Occupants were **temporarily relocated** before and during hazard reduction activities, if necessary.
 - = Dwelling unit and worksite were secured against **unauthorized entry**, and occupants' belongings were protected from contamination by dust-lead hazards and debris during hazard reduction activities.
 - = Occupants were properly **notified in advance** of the start of hazard reduction activities, and notified of the **completion** of such activities, and the **results of any clearance** testing done after completion of repairs.
 - **Worksite preparation**
 - = Worksite was prepared to prevent release of leaded dust, and paint chips and other debris from hazard reduction activities **were contained** within the worksite.
- D. Specialized cleaning after hazard reduction activities including:
- = Used **HEPA vacuum** cleaners; or other method of equivalent efficacy; **and**
 - = Lead-specific **detergents** or equivalents (such as **TSP**, etc.).
- E. **Clearance** of unit **was achieved** before reoccupancy was permitted.

____2. Safe work practices and clearance were **not required** because maintenance or rehab hazard reduction activities **did not disturb** painted surfaces above the de minimis threshold levels as defined below:

- = **20 square feet** (accumulative) on exterior surfaces;
- = **2 square feet** (accumulative) in any one interior room or space; **or**
- = **10 percent** of the total surface area on an interior or exterior type of component with a small surface area (such as windowsill, window trough, step, handrail, trim, etc.)

____3. I **will comply** with **ongoing maintenance** requirements, for the term of the HUD assistance including:

- Perform visual assessments for deteriorated paint, bare soil and lead hazard control failures of **all** lead-based paint in units, annually and at unit turnover.
- Repair **all** deteriorated paint above de minimis (threshold) levels using Lead-Safe Work Practices.
- Repair **all** encapsulated or enclosed areas that are damaged or failing using appropriate interim controls or abatement methods (if applicable).
- Request **in writing** that occupants of units monitor lead-based paint surfaces **and notify** me regarding any new potential lead hazards. (For units that are newly leased during this monitoring period.)

Owner (or representative) **Signature** Date

HAKC Representative Date

Owner (or representative) **Printed Name**

HAKC Representative **Printed name**