



Superior Science | Service | Solutions

XRF Calibration Check Sheet

Proj # _____

| | |
|--------------------------------------|-------------------|
| Address | DATE |
| Device Used RMD-LPA-1 | XRF Serial No. |
| <small>Inspector's signature</small> | Field Entry By |

Entrance Calibration

TIME _____ AM PM

| Check 1: 1.0 mg/cm ² | | | Check 2: 1.0 mg/cm ² | | | Check 3: 0.0 mg/cm ² | | |
|---------------------------------|---------|---------|---------------------------------|---------|---------|---------------------------------|---------|---------|
| Test # | Reading | Average | Test # | Reading | Average | Test # | Reading | Average |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Hour Calibration (If Required)

TIME _____ AM PM

| Use 1.0 mg/cm ² | | |
|----------------------------|---------|---------|
| Test # | Reading | Average |
| | | |
| | | |
| | | |

Exit Calibration (Always Required!)

TIME _____ AM PM

| Check 1: 1.0 mg/cm ² | | | Check 2: 1.0 mg/cm ² | | | Check 3: 0.0 mg/cm ² | | |
|---------------------------------|---------|---------|---------------------------------|---------|---------|---------------------------------|---------|---------|
| Test # | Reading | Average | Test # | Reading | Average | Test # | Reading | Average |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

XRF CALIBRATION CHECK LIMITS

NITON: 0.9 to 1.2 mg/cm² (inclusive)

RMD-LPA: 0.7 to 1.3 mg/cm² (inclusive)

IF AVERAGES DO NOT FALL WITHIN THE RANGE FOR THE MACHINE USED, ALL AREAS TESTED AFTER LAST SUCCESSFUL CALIBRATION CHECK MUST BE RETESTED!

**JLC ENVIRONMENTAL CONSULTANTS, INC
LBP TESTING DATA SHEET**

| | |
|---------|--|
| Address | |
|---------|--|

| | |
|-----------------------|--------------------|
| | Room #/Description |
| Device Used | RMD-LPA-1 |
| Inspector's Signature | XRF Serial No. |
| | Field Entry By |

| TEST # | Component | Color | Wall/Side | Substrate | XRF READING | # Repts | Condition | Chewable? | Friction? | Impact? | Result |
|--------|-----------|-------|-----------|-----------|-------------|---------|-----------|-----------|-----------|---------|--------|
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |
| | | | | | | | | | | | P N |

| | |
|-----------|---|
| Comments: | <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> |
|-----------|---|

M=Metals P=Plaster S=Sheetrock C=Concrete CB=Cinderblock CR=Ceramic CT=Ceramic Tile PG=Porcelain Glazed Block B=Brick V=Vinyl FG=Fiberglass G=Glass

JLC ENVIRONMENTAL CONSULTANTS, INC
CHAIN OF CUSTODY LOG

| | |
|--------|---------------|
| Client | Lab Batch No. |
| Site | |

| | |
|------------------------|-------------------|
| Project # | |
| Project Manager | Technician |
| Technician's signature | License No. |

| Sample ID | Description/Location/Color | Sample Type | | | | | Size | Results | |
|---------------|----------------------------|-------------|------|------|-------|-----|------|---------|------|
| | | Paint | Soil | Wipe | Water | PCB | | Content | Unit |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |
| Sample Number | | | | | | | | | |
| Lab Number | | | | | | | | | |

| | | | |
|--------------------|-----------------|-----------------------|--|
| Analysis Requested | Turnaround Time | Technician's Comments | |
|--------------------|-----------------|-----------------------|--|

| CHAIN OF CUSTODY | | Date | Time |
|------------------|-----------|------|------|
| Relinquished By | Signature | | |
| Received By | Signature | | |
| Relinquished By | Signature | | |
| Received By | Signature | | |
| Entered By | Signature | | |
| Corrected by | Signature | | |

| Lab Name | Methodology | Instrument | Laboratory Comments |
|-------------|----------------------------|---------------------------|---------------------|
| Analyzed by | EPA SW846-3050/7420 | Varian SpectraAA-250 Plus | |
| Date/Time | EPA SW846-1979(4.1.3)/7420 | Air-Acetylene Flame | |
| QC By/Date | EPA 68-02-4550 | Graphite Furnace | |

AFFIDAVIT BY CERTIFIED INDIVIDUAL WHO PERFORMED TESTING/SAMPLING

I, _____ performed the inspection and testing and/or sampling
for lead-based paint at the premises located at _____
on _____

I am certified to perform such inspections and testing and/or sampling under Part
745 of Title 40 of the Code of Federal Regulations subparts L and Q. I read and
followed the instructions provided for the Application for Exemption from
Administrative Code § 272056.5(a), and I performed the inspection and testing and/or sampling
accordance with those instructions and Title 40 CFR § 745.227, Chapter 7 of the U.S. Department
of Housing and Urban Development's Guidelines for the Evaluation and Control of Lead-Based
Paint Hazards in Housing as applicable to the exemption application, and Administrative
Code § 27-2056.5(b), and title 28 NYCRR § 11-08.

The report of the inspection, and the determination made pursuant to Title 28 NYCRR §
11-08(b) is annexed to this affidavit. I understand that the determination that I am
making includes _____ individual dwelling unit _____ in the above referenced premises.

In addition, I have attached a copy of my certificate of training to this affidavit and
I have attached a list of any dwelling unit(s) which I was unable to access for a visual
inspection to determine common painting or construction history, including a description
of the efforts that were made to gain access to such units and the reason for the inability
to gain access to such unit(s).

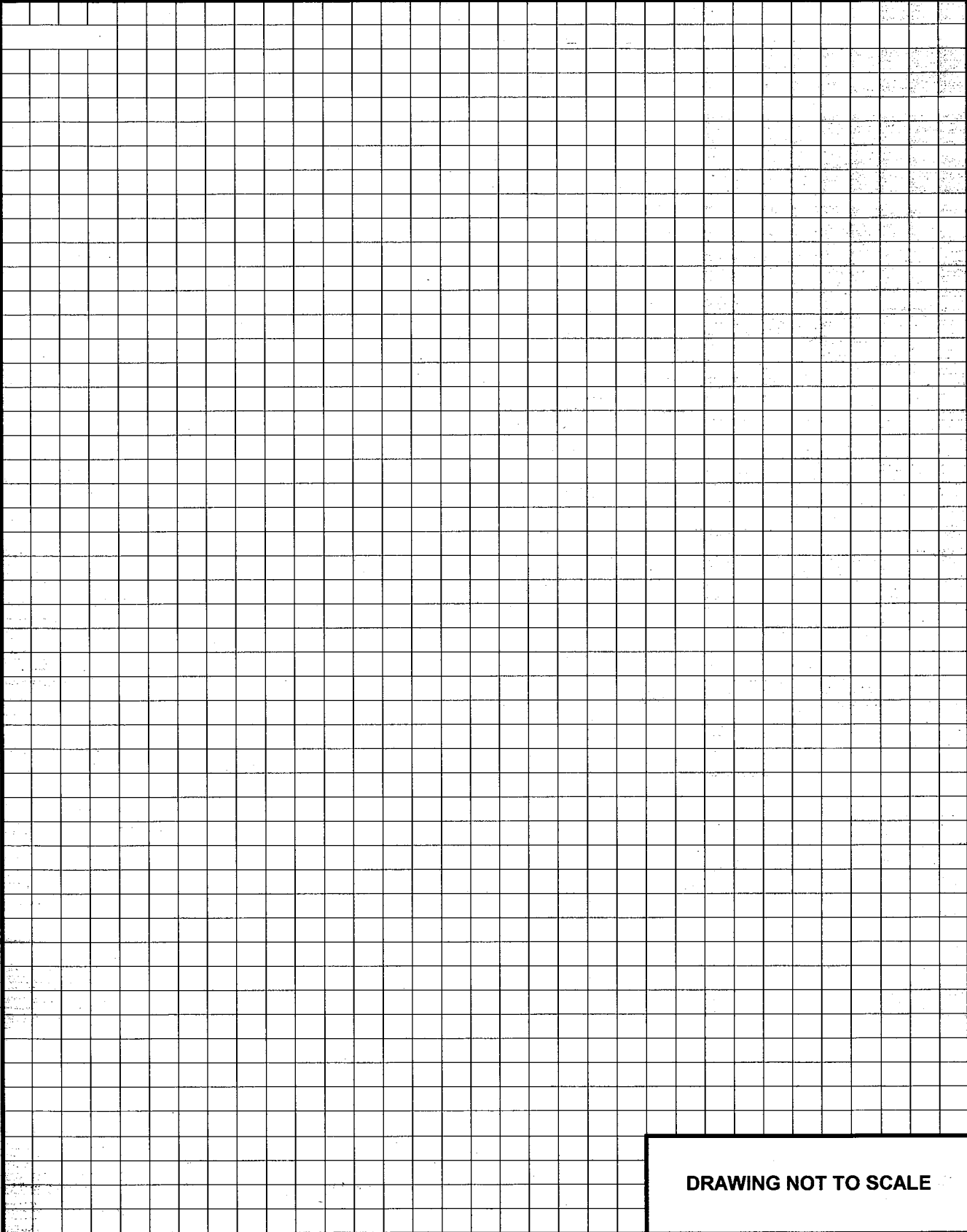
State of New York
County of New York

Sworn to before me this _____

_____ Day of _____ Signature _____

JLC Environmental Consultants, Inc

| | |
|--------------|----|
| Project # | |
| Project Name | |
| Drawn By | |
| Date | |
| Page | of |



DRAWING NOT TO SCALE

**JLC ENVIRONMENTAL CONSULTANTS, INC
LEAD HAZARD CONTROL VISUAL CLEARANCE FORM**

| | | | |
|---------------------|----------------------|--------------------------|------------------|
| Date | Property Address | Exam Type | 1st Clean |
| Inspector | Testing Start | Prop. Name / Development | |
| License No. | Testing End | | |
| Property Owner Name | Abatement Contractor | | |

| Room Name | Abatement Hazard Reduction Method | Components Treated | Work on component completed? | Visible Dust seen? | Additional Work Req'd? |
|-----------|-----------------------------------|--------------------|------------------------------|--------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|--------------------------------|----------------------------------|
| Exterior Soil Treated? | Method of Treatment |
| If treated, bare soil present? | Additional Soil Treatment Req'd? |

| | |
|----------------|--|
| Notes/Comments | |
|----------------|--|

Signature