

NEW YORK CITY HOUSING AUTHORITY
TECHNICAL SERVICES DEPARTMENT
LEAD DETECTION & ABATEMENT UNIT
APARTMENT TRACKING LOG

CONSULTANT: JLC ENVIRONMENTAL CONSULTANTS

DEVELOPMENT: _____ DATE: __ / __ / __ TIME IN: _____ TIME
OUT: _____ APARTMENT # _____ OF _____ STAIRHALL # _____
APARTMENT/FACILITY: _____ # OF BEDROOMS _____
QTY OF SHOTS _____ QTY OF PAINT CHIPS _____ ADDRESS: _____
QTY OF DUST WIPES: FLOORS _____, SILLS _____, WELLS _____
COMMENTS: _____

NYCHA Representative: _____ RESIDENT: _____

DEVELOPMENT: _____ DATE: __ / __ / __ TIME IN: _____ TIME
OUT: _____ APARTMENT # _____ OF _____ STAIRHALL # _____
APARTMENT/FACILITY: _____ # OF BEDROOMS _____
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[illegible]



XRF Calibration Check Sheet for the New York City Housing Authority

Development		EDP #	SH #
Address			DATE
Facility Type	Apartment	Space Name	
Device Used	RMD-LPA-1	XRF Serial #	
Inspector's Signature		Field Entry By	

Morning and End of Day Calibration (Req'd at Start of day and End of Day)

TIME _____ AM PM

Check 1: 1.0 mg/cm2			Check 2: 1.0 mg/cm2			Check 3: 0.0 mg/cm2		
Test #	Reading	Average	Test #	Reading	Average	Test #	Reading	Average

Entrance Calibration (Not required if first inspection of the day)

TIME _____ AM PM

Use 1.0 mg/cm2		
Test #	Reading	Average

2 Hour Calibration (If Required)

TIME _____ AM PM

Use 1.0 mg/cm2		
Test #	Reading	Average

Exit Calibration (Always Required!)

TIME _____ AM PM

Use 1.0 mg/cm2		
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

Project #

Project Name

Drawn By

Date

Page

of

DRAWING NOT TO SCALE

JLC ENVIRONMENTAL CONSULTANTS, INC

LEAD INSPECTION SUMMARY FORM

Inspection Date: _____

Name of Contractor: _____

Name of Inspector: _____

Inspector License No: _____

Name of Property Owner: _____

NYCHA

Development: _____

Property Address: _____

EDP: _____

SH# _____

Apt# _____

Room #	Room Equivalent	Component	Substrate* (Circle One)	XRF Reading	Replicants	Paint Chips Sample	Paint/Coating Condition (Circle One)
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective
			M P L S C CB PG CR CT W OTHER:			Y N	Intact Defective

M: Metal; PL: Plaster; S: Sheet Rock; C: Concrete; CB: Cinder Block; PG: Porcelain Glazed Block; CR: Ceramic; CT: Ceramic Tile; W: Wood

NOTES/COMMENTS: _____



NEW YORK CITY HOUSING AUTHORITY

ENVIRONMENTAL HEALTH & SAFETY UNIT

Paint Chip Sample Chain of Custody

Date	Contract #
Development	Release #
Address	
Inspector's Name	Fax to (718) 707-5278; Attn: Dawn Blake And (718) 707-5307
	Report/Bills must be submitted to:
Apt/Facility Type	NYCHA-Technical Services-ECS
SH #	23-02 49 th Avenue, 3rd floor
EDP #	Long Island City, NY 11101
No. of Samples on This Page:	

Notes: _____

Sample No. (Month - Date - Initials - No.)	Room No./Name/ Location	Component/ Substrate	Sample Dimensions (in inches)	Result (% by weight)	Result (mg/cm ²)

Sampled By: _____	Date: _____	Time: _____	am	pm
Relinquished By: _____	Date: _____	Time: _____	am	pm
Received By: _____	Date: _____	Time: _____	am	pm
Analyzed By: _____	Date: _____	Time: _____	am	pm

Required Turnaround Time (TAT) is **RUSH**
Based on the required TAT NYCHA should receive results no later than _____ am pm, on _____

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 Apt _____ 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

Development
Address
Space Name
Project #

Sworn to before me this _____

Signature

Day of _____

JLC ENVIRONMENTAL CONSULTANTS, INC

QAQC Evaluation

Date		Property Address		Apt. #	
Inspector		Testing Start		Development	

Test #	XRF Original Result	Test #	XRF Retest Result	Average	Average Sq.
Average=		Average=		Total=	

Sum of Squared Avg.					Quantity C	
Multiply by				0.0072		
					Quantity D	
Add				0.032		
					Quantity E	
Square Root of Quantity E					Quantity F	
Multiply by				1.645		
					< Re-test Tolerance Limit	
Average of XRF Originals Results						
Average of XRF Retest Results						
Absolute Difference					< Re-test Tolerance Limit	