

RIDOH EBL INSPECTION REPORT SUMMARY CHECKLIST (check off all applicable items)

Street: 14 Springbrook Rd

Apt/ Floor: SF

City: Westerly

WATER  Hazard  Safe (Main Drinking Tap Results Only)

DUST  Hazard  Safe  Free

Yes  No - Unit Qualifies for Spot Removal? (EXCLUDING WINDOWS AND DOORS)

Yes  No - Front Hall Qualifies for Spot Removal?  No Front Hall

Yes  No - Rear Hall Qualifies for Spot Removal?  No Rear Hall

**INTERIOR** - All XRF Readings < 1.0 mg/cm<sup>2</sup> and designated DT on EBL report may be assumed positive for lead.

Room #	Room Name	Paint Hazards	Old Windows	New Replacement
Room 1	<u>Bedroom</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room 2	<u>Living Room</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 3	<u>Bath</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 4	<u>Kitchen</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 5	<u>Staircase</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 6	<u>Bedroom</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room 7	<u>Bedroom</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room 8	<u>Bedroom</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EXTERIOR**

House Siding  Hazard  Safe  
 House Trim  Hazard  Safe  
 Porch  Hazard  Safe  
 Other  Hazard  Safe

**SOIL HAZARDS**

Yes  No *not sampled snow covered*

Garage  Hazard  Safe  
 Shed  Hazard  Safe  
 Fence  Hazard  Safe

*Protect your Family From Lead Brochure  
 Given to owner*



**REQUIRED ACTIONS FOLLOWING INSPECTION**

This Environmental Lead Inspection Report documents the findings of the Certified Environmental Lead Inspector for each room or area and all media tested (i.e., water, paint, soil, and/or dust). Each inspection page contains a "Hazard Assessment" in the far right column, which indicates whether the surface or media was Lead-Free, Lead-Safe, or Hazard.

**Hazard Assessment Definitions**

**Lead-Free (F):** The surface/media contains such low levels of lead that no follow-up action is required.

**Lead-Safe (S):** The surface/media requires routine maintenance (i.e., keeping painted surfaces intact and soil covered with grass, mulch, etc.) and an annual reinspection to maintain Lead-Safe status. The annual inspection must include a visual inspection of all Lead-Safe areas and dust wipe sampling by a Rhode Island Certified Environmental Lead Inspector or qualified Inspector/Technician.

**Hazard (H):** The surface/media requires action in accordance with the Rhode Island Department of Health Rules and Regulations for Lead Poisoning Prevention ("Lead Regulations") to obtain Lead-Free or Lead-Safe status.

**Rhode Island Department of Health Regulated Facilities**

The Department of Health Lead Regulations apply to all licensed child care facilities, including preschool and kindergarten classrooms, and all properties where a child younger than 6 years of age lives or is expected to live in the next 12 months for 14 or more days per year.

**Required Actions if Lead Exposure Hazards are Identified in a Regulated Facility**

- 1. NOTICE TO ABATE:** A NOTICE TO ABATE requires property owners to correct all lead paint hazards within **90 days**. Except for Spot Removal Exemption areas, a licensed Lead-Safe Remodeler/Renovator or Lead Hazard Reduction Contractor must perform work. Exterior paint and soil hazards identified between November 1 and March 1 must be corrected by the following June 1.
- 2. NOTICE OF VIOLATION:** A NOTICE OF VIOLATION from the Department of Health requires property owners to correct all lead paint hazards within **30 days**. Except for Spot Removal Exemption areas, a licensed Lead Hazard Reduction Contractor must perform work. Exterior paint and soil hazards identified between November 1 and March 1 must be corrected by the following June 1.
- 3. EXTENSION:** Property owners may apply to the Department of Health for a reasonable time extension to comply with a Notice by submitting in writing detailed information on the reason(s) for the delay, the person who will correct the hazards, and by what date. Mail or fax requests to the Lead Program Manager, RI Department of Health, Room 206, 3 Capitol Hill, Providence, RI 02908; Fax: (401) 222-2456, at least one week prior to the compliance date.
- 4. SPOT REMOVAL EXEMPTION:** A licensed Lead-Safe Remodeler/Renovator or Lead Hazard Reduction Contractor is not required when the scope of work does not exceed **6 square feet of interior paint** or **20 square feet of exterior paint**. Qualification for this Spot Removal Exemption is indicated for each room or area on the individual paint inspection pages of this report.
- 5. WINDOWS and DOORS:** A licensed Lead-Safe Remodeler/Renovator or Lead Hazard Reduction Contractor is always required for **window replacement** and therefore windows can be excluded from the Spot Removal Exemption limits. Doors can also be excluded when removed to be replaced or abated off-site, provided that any dust or debris is cleaned immediately upon completion.
- 6. CLEARANCE INSPECTION:** A Clearance Inspection by a Rhode Island Certified Environmental Lead Inspector or qualified Inspector/Technician is required when the lead hazard reduction or lead hazard control is completed. This Clearance Inspection must include a visual inspection of all hazards identified in this report and **dust wipe sampling** in accordance with the Lead Regulations.

**All property owners must disclose lead inspection results to tenants and buyers, including outstanding Notices of Violation, and maintain copies of all lead inspection reports for as long as they own the property.**

- For questions regarding this property and inspection report, lead hazard reduction or lead hazard control options, and regulatory requirements, contact the Certified Environmental Lead Inspector listed on page 1 of this report.
- For additional information about lead, including properties with lead violations, and to find a certified lead professional, call the HEALTH Information Line at (401) 222-5960 or visit [www.health.ri.gov/leadpoisoning](http://www.health.ri.gov/leadpoisoning).
- For additional information regarding rental properties, visit the Housing Resources Commission at [www.hrc.ri.gov/mitigation](http://www.hrc.ri.gov/mitigation).

This form was developed by the Rhode Island Department of Health for use during private and state inspections.

**FORM PBLIC-23-2 (06/10) PREVIOUS VERSIONS OBSOLETE**



### WATER INSPECTION

Floor/Apt. # S.F.

Street/City 14 Springbrook Rd Westerly

Sampling Date 2/13/16

Laboratory Utilized Schneider Lab., Inc.

(check one)

#### Field Observations

#### Lab Samples

#### Hazard Assessment

Fixture	First Draw* (time in hours)	Flushed Sample (time in minutes)	Brass Fixture (Y/N)	New Plumbing (Y/N)	Number	Results	(check one)		
						AA (ppb)	Lead-Free	Lead-Safe	Significant Hazard
<u>Kitchen Top</u>		<u>1 min</u>	<u>N</u>	<u>N</u>	<u>1W</u>	<u>&lt;5.0</u>		<input checked="" type="checkbox"/>	

\*First Draw: No water use for ≥ 6 hours

- Is bottled water being used?      Y     N     Source unknown
- Is tap water being used to make infant formula?      Y     N     Source NA
- Have you ever participated in a water testing program?      Y     N     Source unknown
- Lead pipes present in home?      Y     N     Source unknown

#### RECOMMENDED ACTIONS

Check all that apply:

- Use only cold water for drinking and cooking
- Do not consume water without flushing until temperature drops
- Do not consume water until Lead-Safe levels <15 PPB are achieved
- Label all taps
- Owner must provide bottled water for cooking and drinking
- Maintain filtration systems and replace filters per manufacturer's recommendation
- Other (specify) \_\_\_\_\_

#### Comments

Initials BJE      Date 2/13/16

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### CALIBRATION DATA

Floor/Apt. # S-6 Street/City 14 Springbrook Rd Westerly

XRF Manufacturer, Model & Serial # RMD, LPA-1 #2979

Standard Type (check one): Manufacturer  NIST  Other (specify) \_\_\_\_\_

Standard (mg/cm <sup>2</sup> )	Time of Test	Temperature (°F)	XRF Results (mg/cm <sup>2</sup> )			Average (mg/cm <sup>2</sup> )
			1	2	3	
1.0	1:00	68°	0.9	0.9	0.8	0.9
1.0	2:30	68°	0.9	0.9	0.9	0.9

Comments

Initials BJE Date 2/13/16

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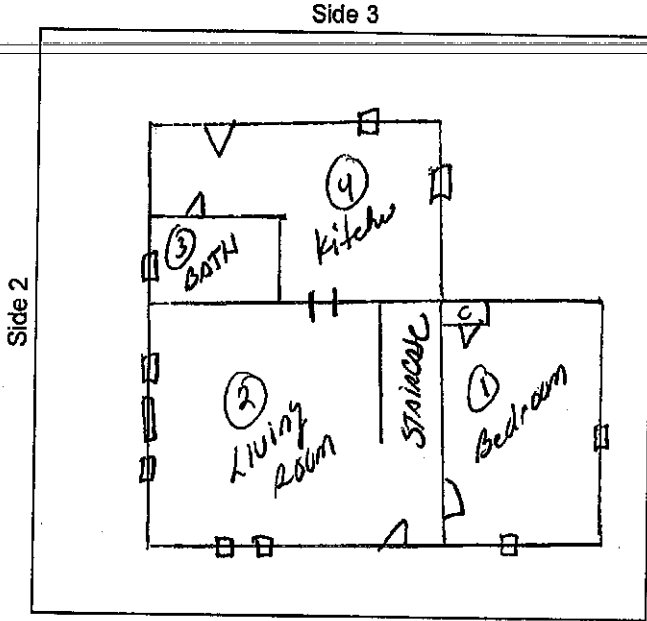
### FLOOR PLAN—PROPERTY SKETCH (BLOCK)

Street/City 14 Springbrook Rd Westerly

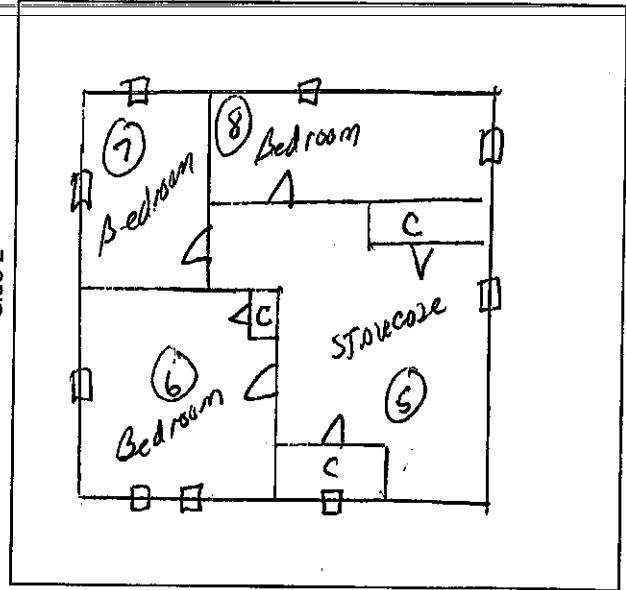
Name of street that Side 1 is facing Springbrook Rd

Floor/Apt. # 1

Floor/Apt. # 2



Side 1



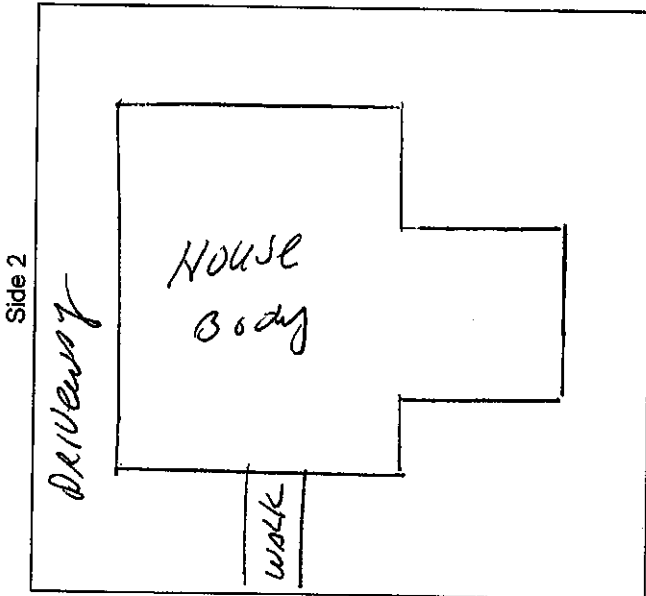
Side 1

Floor/Apt. # Exterior

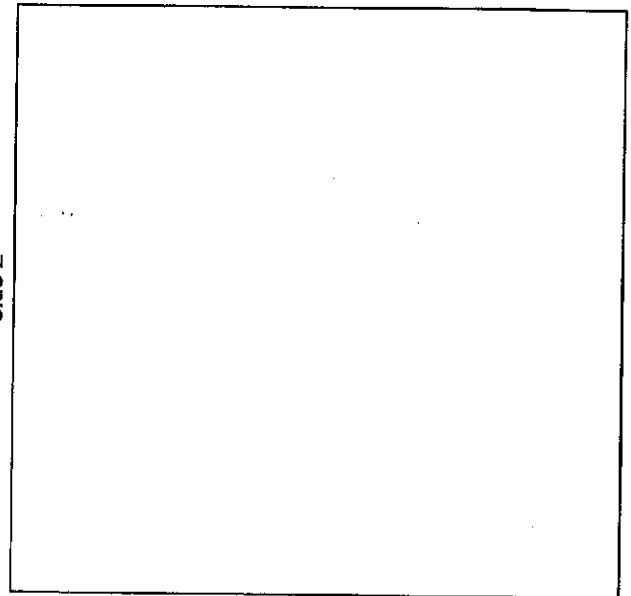
Floor/Apt. # \_\_\_\_\_

Side 3

Side 3



Side 1



Side 1

Initials BJE Date 2/13/16

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FORM PBL-23-5A (06/10) PREVIOUS VERSIONS OBSOLETE



INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 1 Street/City 14 Springbrook Rd., Westerly  
 Room # 1 Door Count 5 Window Count 2 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Bedroom</u>								
Ceiling		<u>PS</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Crown Molding	<u>X</u>							
Wall (Upper)	<u>X</u>							
Chair Rail	<u>X</u>							
Wall (Lower)	<u>1234</u>	<u>COU/panel</u>		<u>1</u>				
Baseboard	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				
Floor		<u>COU/Car</u>		<u>1</u>				
Window Casing/Sill	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				
Window Interior Stop	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				
Window Interior Sash	<u>1</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				
Window Exterior Sash	<u>1</u>	<u>WD</u>	<u>-0.2</u>	<u>1</u>				
Window Well/Exterior Stop	<u>1</u>	<u>WD</u>	<u>-0.1</u>	<u>1</u>				
Window Track	<u>1</u>	<u>COU/METAL</u>		<u>1</u>				
Door	<u>2</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				
Door Casing	<u>1</u>	<u>1</u>	<u>0.0</u>	<u>1</u>				
Door Jamb	<u>1</u>	<u>1</u>	<u>-0.2</u>	<u>1</u>				
Threshold	<u>X</u>							
Closet Door	<u>3</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				
Closet Wall/Getting	<u>1</u>	<u>COU/panel</u>		<u>1</u>				
Closet Shelf Support	<u>1</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				
Closet Shelf	<u>1</u>	<u>VW</u>	<u>-0.2</u>	<u>1</u>				
Closet Baseboard	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				
Closet Floor	<u>1</u>	<u>COU/Vinyl</u>		<u>1</u>				
<u>Closet Ceiling</u>	<u>3</u>	<u>PS</u>	<u>0.0</u>	<u>1</u>				
Cabinet Door	<u>X</u>							
Cabinet Shelf	<u>X</u>							
Cabinet Drawer	<u>X</u>							
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping	<u>X</u>							

HEADINGS KEY Side 4 Window Sash Vinyl

<b>Substrate:</b>	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
<b>Condition:</b>	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
<b>Hazard:</b>	F=Lead-Free	S=Lead-Safe	H=Hazard					

<b>XRF KEY</b>	XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
	XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16



INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 1 Street/City 14 Springbrook Rd., Westerly  
 Room # 2 Door Count 1 Window Count 5 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/DI/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
Living Room								
Ceiling		PS	0.2	1				S
Crown Molding	1	VW	0.78	1				F
Wall (Upper)	X							
Chair Rail	X							
Wall (Lower)	1234	COU/Panel		1				
Baseboard	4	VW	0.0	1				S
Floor		COU/Car		1				S
Window Casing/Sill	1	VW	0.0	1				S
Window Interior Stop	1	VW	-0.1	1				S
Window Interior Sash	1	VW	0.0	D				H
Window Exterior Sash	1	WD	1.2	D				H
Window Well/Exterior Stop	1	WD	1.7	D				H
Window Track	1	WD	1.4	D				H
Door	1	VW	0.0	OB				H
Door Casing	1	VW	0.0	1				S
Door Jamb	1	WD	0.4	OB				H
Threshold	1	WD	0.7	OB				H
Closet Door	X							
Closet Wall/Ceiling	X							
Closet Shelf Support	X							
Closet Shelf	X							
Closet Baseboard	X							
Closet Floor	X							
Cabinet Frame	4	VW	0.0	1				S
Cabinet Door	X	VW	-0.1	1				S
Cabinet Shelf	4	VW	0.0	1				S
Cabinet Drawer	X							
Stair Tread	X							
Stair Riser	X							
Hand Railing	X							
Baluster	X							
Newell Post	X							
Radiator	X							
Piping	X							

HEADINGS KEY

Substrate:	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
Condition:	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
Hazard:	F=Lead-Free	S=Lead-Safe	H=Hazard					

XRF KEY	XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
	XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

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INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 1 Street/City 14 Springbrook Rd., Westerly  
 Room # 3 Door Count 1 Window Count 1 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/WV/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Both</u>								
Ceiling		<u>COU/TILE</u>		<u>1</u>				<u>S</u>
Crown Molding	<u>2</u>	<u>VW</u>	<u>0.78</u>	<u>1</u>				<u>F</u>
Wall (Upper)	<u>X</u>							
Chair Rail	<u>X</u>							
Wall (Lower)	<u>1/2/3/4</u>	<u>COU/panel</u>		<u>1</u>				<u>S</u>
Baseboard	<u>3</u>	<u>WD</u>	<u>0.2</u>	<u>DT</u>				<u>H</u>
Floor		<u>COU/Vinyl</u>		<u>1</u>				<u>S</u>
Window Casing/Sill	<u>2</u>	<u>VWD</u>	<u>0.0</u>	<u>DT</u>				<u>H</u>
Window Interior Stop	<u>1</u>	<u>VW</u>	<u>0.2</u>	<u>DT</u>				<u>H</u>
Window Interior Sash	<u>1</u>	<u>WD</u>	<u>0.1</u>	<u>D</u>				<u>H</u>
Window Exterior Sash	<u>1</u>	<u>WD</u>	<u>1.0</u>	<u>D</u>				<u>H</u>
Window Well/Exterior Stop	<u>1</u>	<u>WD</u>	<u>0.5/1.0</u>	<u>D</u>				<u>H</u>
Window Track	<u>1</u>	<u>WD</u>	<u>0.4</u>	<u>D</u>				<u>H</u>
Door	<u>3</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Door Casing	<u>1</u>		<u>0.0</u>	<u>1</u>				<u>S</u>
Door Jamb	<u>1</u>		<u>-0.1</u>	<u>1</u>				<u>S</u>
Threshold	<u>X</u>							
Closet Door	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Closet Wall/Ceiling	<u>1</u>	<u>COU/WD</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Closet Shelf Support	<u>X</u>							
Closet Shelf	<u>X</u>							
Closet Baseboard	<u>X</u>							
Closet Floor	<u>1</u>	<u>COU/CAR</u>		<u>1</u>				<u>S</u>
Cabinet Frame	<u>4</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Cabinet Door	<u>4</u>	<u>1</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Cabinet Shelf	<u>4</u>	<u>1</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Cabinet Drawer	<u>4</u>	<u>1</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping	<u>X</u>							
<u>Ch. Ceiling</u>	<u>1</u>	<u>PS</u>	<u>0.0</u>	<u>1</u>				<u>S</u>

HEADINGS KEY

Substrate:	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
Condition:	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
Hazard:	F=Lead-Free	S=Lead-Safe	H=Hazard					

XRF KEY	XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
	XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16



**INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)**

Floor/Apt. # 1 Street/City 14 Springbrook Rd., Westerly  
 Room # 4 Door Count 2 Window Count 2 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VWV/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N//DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Kitchen</u>								
Ceiling		<u>COV/TILE</u>		<u>1</u>				<u>S</u>
Crown Molding	<u>2</u>	<u>VW</u>	<u>0.78</u>	<u>1</u>				<u>F</u>
Wall (Upper)	<u>1234</u>	<u>PS</u>	<u>0.0, 0.1, 0.0, 0.1</u>	<u>1</u>				<u>S</u>
Chair Rail	<u>2</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Wall (Lower)	<u>2</u>	<u>COV/Paper</u>		<u>1</u>				<u>S</u>
Baseboard	<u>2</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Floor		<u>COV/V</u>		<u>1</u>				<u>S</u>
Window Casing/Sill	<u>4</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Window Interior Stop		<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Window Interior Sash		<u>WD</u>	<u>0.2</u>	<u>D</u>				<u>H</u>
Window Exterior Sash		<u>WD</u>	<u>RP</u>	<u>D</u>				<u>H</u>
Window Well/Exterior Stop		<u>WD</u>	<u>1.0</u>	<u>D</u>				<u>H</u>
Window Track	<u>↓</u>	<u>WD</u>	<u>1.3</u>	<u>D</u>				<u>H</u>
Door	<u>3</u>	<u>VW</u>	<u>0.0</u>	<u>DB</u>				<u>H</u>
Door Casing	<u>↓</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Door Jamb	<u>↓</u>	<u>WD</u>	<u>1.8</u>	<u>DB</u>				<u>H</u>
Threshold	<u>3</u>	<u>WD</u>	<u>1.7</u>	<u>DB</u>				<u>H</u>
Closet Door	<u>X</u>							
Closet Wall/Ceiling	<u>X</u>							
Closet Shelf Support	<u>X</u>							
Closet Shelf	<u>X</u>							
Closet Baseboard	<u>X</u>							
Closet Floor	<u>X</u>							
Cabinet Frame	<u>4</u>	<u>VW</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Cabinet Door	<u>↓</u>		<u>-0.1</u>	<u>1</u>				<u>S</u>
Cabinet Shelf	<u>↓</u>		<u>0.0</u>	<u>1</u>				<u>S</u>
Cabinet Drawer	<u>↓</u>		<u>-0.1</u>	<u>1</u>				<u>S</u>
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping	<u>X</u>							

**HEADINGS KEY**

*Side 3 window Fixed Sash*

<b>Substrate:</b>	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
<b>Condition:</b>	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
<b>Hazard:</b>	F=Lead-Free	S=Lead-Safe	H=Hazard					

**XRF KEY**

XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

This form was developed by the Rhode Island Department of Health for use during private and state inspections.



INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 1st to 2nd Street/City 14 Springbrook Rd., Westerly  
 Room # 5 Door Count 2 Window Count 2 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>STAIRCASE</u>								
Ceiling		<u>CoU/Panel</u>		<u>1</u>				<u>S</u>
Crown Molding	<u>2</u>	<u>VW</u>	<u>PTJ</u>	<u>1</u>				<u>F</u>
Wall (Upper)	<u>2/3/4</u>	<u>CoU/Panel</u>		<u>1</u>				<u>S</u>
Chair Rail	<u>X</u>							
Wall (Lower)	<u>X</u>							
Baseboard	<u>4</u>	<u>VW</u>	<u>60</u>	<u>1</u>				<u>S</u>
Floor		<u>CoU/Car</u>		<u>1</u>				<u>S</u>
Window Casing/Sill	<u>4</u>	<u>WD</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Window Interior Stop	<u>↓</u>	<u>WD</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Window Interior Sash	<u>↓</u>	<u>WD</u>	<u>9.9</u>		<u>D</u>			<u>H</u>
Window Exterior Sash	<u>↓</u>	<u>↓</u>	<u>AP</u>		<u>D</u>			<u>H</u>
Window Well/Exterior Stop	<u>↓</u>	<u>↓</u>	<u>↓</u>		<u>D</u>			<u>H</u>
Window Track	<u>↓</u>	<u>↓</u>	<u>↓</u>		<u>D</u>			<u>H</u>
Door	<u>2</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Door Casing	<u>↓</u>	<u>↓</u>	<u>0.6</u>	<u>1</u>				<u>S</u>
Door Jamb	<u>↓</u>	<u>↓</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Threshold	<u>X</u>							
Closet Door	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Closet Wall/Ceiling	<u>↓</u>	<u>PS</u>	<u>0.1</u>		<u>D</u>			<u>H</u>
Closet Shelf Support	<u>↓</u>	<u>VW</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Closet Shelf	<u>↓</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Closet Baseboard	<u>↓</u>	<u>WD</u>	<u>9.9</u>		<u>D</u>			<u>H</u>
Closet Floor	<u>↓</u>	<u>CoU/Car</u>		<u>1</u>				<u>S</u>
Window Sill	<u>↓</u>	<u>WD</u>	<u>9.9</u>		<u>D</u>			<u>H</u>
Window Int Stop	<u>↓</u>	<u>↓</u>	<u>6.3</u>		<u>DT</u>			<u>H</u>
Win. Int Sash	<u>↓</u>	<u>↓</u>	<u>0.5</u>		<u>D</u>			<u>H</u>
Cabinet Drawer	<u>X</u>							
Stair Tread		<u>CoU/Car</u>		<u>1</u>				<u>S</u>
Stair Riser		<u>CoU/Car</u>		<u>1</u>				<u>S</u>
Hand Railing		<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Baluster		<u>VW</u>	<u>6.6</u>	<u>1</u>				<u>S</u>
Newell Post		<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Radiator	<u>X</u>							
Piping	<u>X</u>							
<u>* FLOOR Casing</u>	<u>2</u>	<u>WD</u>	<u>3.2</u>		<u>DT</u>			<u>H</u>

Substrate: PS=Plaster/Sheetrock WD=Wood VV=Varnished Wood V=Vinyl ME=Metal MA=Masonry O=Other NA=Not Accessible  
 Condition: N=No Paint I=Intact DT=Touch-Up D=Damaged AD=Assumed Damaged B=Binding or Friction  
 Hazard: F=Lead-Free S=Lead-Safe H=Hazard

XRF KEY XRF ≥ 1.0 mg/cm<sup>2</sup> or positive (+) spot test are conclusive for lead. AP = Assumed Positive  
 XRF < 1.0 mg/cm<sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

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FORM PBLIC-23-6A (06/10) PREVIOUS VERSIONS OBSOLETE

\* on left side. between panel wall & Liv Ceiling



INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 2 Street/City 14 Springbrook Rd., Westerly  
 Room # 6 Door Count 2 Window Count 3 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Bedroom</u>								
Ceiling		<u>COU/panel</u>		<u>1</u>				<u>S</u>
Crown Molding	<u>1</u>	<u>VW</u>	<u>0.78</u>	<u>1</u>				<u>S</u>
Wall (Upper)	<u>4</u>	<u>P.S</u>	<u>-0.1</u>	<u>0</u>				<u>H</u>
Chair Rail	<u>X</u>							
Wall (Lower)	<u>1,2,3,4</u>	<u>COU/panel</u>		<u>1</u>				<u>S</u>
Baseboard	<u>3</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Floor		<u>COU/CAR</u>		<u>1</u>				<u>S</u>
Window Casing/Sill	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Window Interior Stop	<u>1</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Window Interior Sash	<u>1</u>	<u>V</u>		<u>N</u>				<u>F</u>
Window Exterior Sash	<u>1</u>	<u>V</u>		<u>N</u>				<u>F</u>
<u>X</u> Window Well/Exterior Stop	<u>1</u>	<u>WD</u>	<u>0.9</u>	<u>0</u>				<u>H</u>
Window Track	<u>1</u>	<u>V</u>		<u>N</u>				<u>F</u>
Door	<u>4</u>	<u>WD</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Door Casing	<u>1</u>	<u>WD</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Door Jamb	<u>1</u>	<u>WD</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Threshold	<u>X</u>							
Closet Door	<u>4</u>	<u>WD</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Closet Wall/Ceiling	<u>4</u>	<u>COU/panel</u>		<u>1</u>				<u>S</u>
Closet Shelf Support	<u>X</u>							
Closet Shelf	<u>4</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Closet Baseboard	<u>X</u>							
Closet Floor	<u>4</u>	<u>WD</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Cabinet Frame	<u>X</u>							
Cabinet Door	<u>X</u>							
Cabinet Shelf	<u>X</u>							
Cabinet Drawer	<u>X</u>							
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping/Ct. Ceiling	<u>4</u>	<u>PS</u>	<u>0.2</u>	<u>0</u>				<u>H</u>

HEADINGS KEY Xold well exposed - blind stops COU/ALUM

Substrate:	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
Condition:	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
Hazard:	F=Lead-Free	S=Lead-Safe	H=Hazard					

XRF KEY	XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
	XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

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INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Floor/Apt. # 2 Street/City 14 Springbrook Rd., Westerly  
 Room # 7 Door Count 1 Window Count 2 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Bed room</u>								
Ceiling		<u>PS</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Crown Molding	<u>4</u>	<u>WD</u>	<u>PT8</u>	<u>1</u>				<u>F</u>
Wall (Upper)	<u>X</u>							
Chair Rail	<u>X</u>							
Wall (Lower)	<u>1234</u>	<u>COU/panel</u>		<u>1</u>				<u>S</u>
Baseboard	<u>4</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Floor		<u>COU/ear</u>		<u>1</u>				<u>S</u>
Window Casing/Sill	<u>3</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Window Interior Stop	<u>1</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Window Interior Sash	<u>1</u>	<u>VW</u>	<u>0.0/PT8</u>	<u>1</u>				<u>S</u>
Window Exterior Sash	<u>1</u>	<u>WD</u>	<u>-0.2/PT8</u>	<u>1</u>				<u>F</u>
Window Well/Exterior Stop	<u>1</u>	<u>VW</u>	<u>0.0</u>	<u>1</u>				<u>S</u>
Window Track	<u>1</u>	<u>COU</u>		<u>1</u>				<u>S</u>
Door	<u>4</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Door Casing	<u>1</u>		<u>0.0</u>	<u>1</u>				<u>S</u>
Door Jamb	<u>1</u>	<u>1</u>	<u>-0.1</u>	<u>1</u>				<u>S</u>
Threshold	<u>X</u>							
Closet Door	<u>X</u>							
Closet Wall/Ceiling	<u>X</u>							
Closet Shelf Support	<u>X</u>							
Closet Shelf	<u>X</u>							
Closet Baseboard	<u>X</u>							
Closet Floor	<u>X</u>							
Cabinet Frame	<u>X</u>							
Cabinet Door	<u>X</u>							
Cabinet Shelf	<u>X</u>							
Cabinet Drawer	<u>X</u>							
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping	<u>X</u>							

HEADINGS KEY

Substrate:	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
Condition:	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
Hazard:	F=Lead-Free	S=Lead-Safe	H=Hazard					

XRF KEY	XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
	XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

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**INTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)**

Floor/Apt. # 2 Street/City 14 Springbrook Rd., Westerly  
 Room # 8 Door Count 1 Window Count 1 Laboratory Utilized Schneider Lab., Inc.

\*Side column: Indicate the side of the room for each component using 1, 2, 3 and/or 4. Put an X in the column when the component is not relevant.

Room Description	Side*	Substrate (PS/WD/VW/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
<u>Bedroom</u>								
Ceiling		<u>PS</u>	<u>-0.2</u>	<u>1</u>				<u>S</u>
Crown Molding	<u>2</u>	<u>WD</u>	<u>P78</u>	<u>1</u>				<u>F</u>
Wall (Upper)	<u>X</u>							
Chair Rail	<u>X</u>							
Wall (Lower)	<u>1234</u>	<u>COU/Panel</u>		<u>1</u>				
Baseboard	<u>1</u>	<u>VW</u>	<u>00</u>	<u>1</u>				
Floor		<u>COU/WD</u>		<u>1</u>				
Window Casing/Sill	<u>3</u>	<u>VW</u>	<u>-0.1</u>	<u>1</u>				
Window Interior Stop	<u>1</u>	<u>WV</u>	<u>00</u>	<u>1</u>				
Window Interior Sash	<u>1</u>	<u>WD</u>	<u>P78</u>	<u>1</u>				
Window Exterior Sash	<u>1</u>	<u>WD</u>	<u>P78</u>	<u>1</u>				
Window Well/Exterior Stop	<u>1</u>	<u>WD</u>	<u>00</u>	<u>1</u>				
Window Track	<u>1</u>	<u>COU/ALUM</u>		<u>1</u>				
Door	<u>1</u>	<u>WD</u>	<u>-0.1</u>	<u>1</u>				
Door Casing	<u>1</u>	<u>1</u>	<u>00</u>	<u>1</u>				
Door Jamb	<u>1</u>	<u>1</u>	<u>00</u>	<u>1</u>				
Threshold	<u>X</u>							
Closet Door	<u>X</u>							
Closet Wall/Ceiling	<u>X</u>							
Closet Shelf Support	<u>X</u>							
Closet Shelf	<u>X</u>							
Closet Baseboard	<u>X</u>							
Closet Floor	<u>X</u>							
Cabinet Frame	<u>X</u>							
Cabinet Door	<u>X</u>							
Cabinet Shelf	<u>X</u>							
Cabinet Drawer	<u>X</u>							
Stair Tread	<u>X</u>							
Stair Riser	<u>X</u>							
Hand Railing	<u>X</u>							
Baluster	<u>X</u>							
Newell Post	<u>X</u>							
Radiator	<u>X</u>							
Piping	<u>X</u>							

**HEADINGS KEY**

<b>Substrate:</b>	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
<b>Condition:</b>	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
<b>Hazard:</b>	F=Lead-Free	S=Lead-Safe	H=Hazard					

**XRF KEY**

XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Room qualifies for Spot Removal Exemption: Y  N  Initials BJE Date 2/13/16

This form was developed by the Rhode Island Department of Health for use during private and state inspections.



EXTERIOR PAINT INSPECTION (REQUIRED IF BUILT PRE-1978)

Street/City 14 Springbrook Rd., Westerly

Laboratory Utilized Schneider Lab., Inc.

Porch Window Count 0 Basement Window Count 1 Attic Window Count 0 Garage Window Count 0

\*Side column: Indicate the side of the building for each component using 1, 2, 3 and/or 4. Put an X in the column when component is not relevant.

Building Component	Side*	Substrate (PS/WD/VW/V/ ME/MA/O/NA)	XRF Results (mg/cm <sup>2</sup> )/AP	Condition (N/I/DT/ D/AD/B)	Spot Test (+/-)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
Exterior								
Door	1	WD	-0.1	1				S
Door Casing	1	COU/ALUM		1				S
Door Jamb	1	WD	2.1	1				S
Threshold	1	WD	1.7	D				H
Window Exterior Sash	2	WD	0.1	D				H
Exterior Siding	1	COU/V		1				S
Exterior Trim	1	COU/ALUM		1				S
Soffit	1	COU/ALUM		1				S
Porch Ceiling	1	COU/V		1				S
Porch Floor	1	MA		N				F
Porch Railing	1	COU/ALUM		1				S
Porch Baluster	X							
Porch Newel Post	X							
Porch Support Column	1	COU/ALUM		1				S
Porch Joists	1	COU/ALUM		1				S
Foundation	2	MA	0.1	D				H
Overhang/Soffit	X							
Exterior Stair Tread	1	MA		N				F
Exterior Stair Riser	1	MA		N				F
Hand Rail	1	ME	-0.1	1				S
Fire Escape	X							
Overhead Door	X							
Garage Siding	X							
Garage Trim	X							
Garage Door	X							
Garage Threshold	X							
Garage Window	X							
Fence	X							
Shed	3	COU/V		1				S

HEADINGS KEY

Substrate:	PS=Plaster/Sheetrock	WD=Wood	VW=Varnished Wood	V=Vinyl	ME=Metal	MA=Masonry	O=Other	NA=Not Accessible
Condition:	N=No Paint	I=Intact	DT=Touch-Up	D=Damaged	AD=Assumed Damaged	B=Binding or Friction		
Hazard:	F=Lead-Free	S=Lead-Safe	H=Hazard					

XRF KEY

XRF ≥ 1.0 mg/cm <sup>2</sup> or positive (+) spot test are conclusive for lead.	AP = Assumed Positive
XRF < 1.0 mg/cm <sup>2</sup> or negative (-) spot test are inconclusive. Inconclusive results require laboratory analysis of paint chip samples for Lead-Free (F) or Lead-Safe (S) Hazard Assessment.	

Exterior qualifies for Spot Removal Exemption: Y  N

Initials BJE Date 2/13/16

This form was developed by the Rhode Island Department of Health for use during private and state inspections.

FORM PBLIC-23-7A (06/10) PREVIOUS VERSIONS OBSOLETE





**SOIL INSPECTION**

Floor/Apt. # Single family Street/City 14 Springbrook Rd Westerly  
 Sampling Date \_\_\_\_\_ Laboratory Utilized Schneider Lab., Inc.

	Distance from Structure (ft or in)	Depth (ft or in)	Exposed (Y/N)	Ground Cover (P/S/M/G)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)
Side 1							
Side 2							
Side 3							
Side 4							
Play Area							

**Soil Around Other Painted Exterior Objects**  
 (Fences, Garages, Swing Sets, Sheds, Tables, etc.)

Structure/Side	Distance from Object (ft or in)	Depth (ft or in)	Exposed (Y/N)	Ground Cover (P/S/M/G)	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)

Exterior soil sampling not performed on date of inspection due to (check all that apply):

Surfaces: Wet/Rain  Covered by Debris  Covered by Ice/Snow  Other (specify) \_\_\_\_\_

**Exterior Debris**

Debris Location	Debris Description	Lab Sample Number	Lab Results (ppm)	Hazard Assessment (F/S/H)

**HEADINGS KEY**

<b>Ground Cover:</b>	P = Pavement	S = Stone	M = Mulch	G = Grass
<b>Hazard Assessment:</b>	F = Lead-Free	S = Lead-Safe	H = Hazard	

**Comments**

Initials BJE Date 2/13/16

This form was developed by the Rhode Island Department of Health for use during private and state inspections.



### INTERIOR DUST WIPES

Floor/Apt. # \_\_\_\_\_ Street/City 14 Springbrook Rd Westerly  
 Sampling Method (check one): Wet Wipe  Vacuum   
 Sampling Date 2/13/16 Laboratory Utilized Schneider Lab., Inc.

Testing Location (Room/Side)	Paint Chips (Y/N)	Area Sampled (dimensions)	Lab Sample Number	Micrograms/ Wipe Result	Conversion Factor	Micrograms/ Square Foot Result	Spot Test (+/-)	Hazard Assessment (F/S/H)
Floor								
Window Sill								
Carpet/Upholstery								
Child's Bedroom								
Child's Playroom								
<i>FL-LIUBn</i>	<i>N</i>	<i>12X12</i>	<i>1D</i>			<i>&lt;10.0</i>		<i>F</i>
<i>SL-LIUBn</i>	<i>N</i>	<i>3X28</i>	<i>2D</i>			<i>67.8</i>		<i>S</i>
<i>FL-Kitchen</i>	<i>N</i>	<i>12X12</i>	<i>3D</i>			<i>18.6</i>		<i>S</i>
<i>SL-Kitchen</i>	<i>N</i>	<i>27 1/2 X 27 1/2</i>	<i>4D</i>			<i>&lt;20.8</i>		<i>F</i>
<i>FL-Bed 1</i>	<i>N</i>	<i>12 X 12</i>	<i>5D</i>			<i>&lt;10.0</i>		<i>F</i>
<i>SL-Bed 1</i>	<i>N</i>	<i>27 X 31</i>	<i>6D</i>			<i>&lt;20.6</i>		<i>F</i>
<i>FL-Bed 2</i>	<i>N</i>	<i>12 X 12</i>	<i>7D</i>			<i>&lt;10.0</i>		<i>F</i>
<i>SL-Bed 2</i>	<i>N</i>	<i>9 3/4 X 26 1/2</i>	<i>8D</i>			<i>145</i>		<i>S</i>
Field Blank			<i>9D</i>	<i>&lt;10.0</i>				

**HEADINGS KEY**

Hazard Assessment: F = Lead-Free    S = Lead-Safe    H = Hazard

Comments

Initials BJE Date 2/13/16

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Analysis Report

Schneider Laboratories Global, Inc

2512 W. Cary Street • Richmond, Virginia • 23220-5117
804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475

Customer: ENVIRONMENTAL LEAD DETECTION (482)
Address: 436 Gardners Neck Rd
Swansea, MA 02777-3105

Order #: 159027

Matrix: Drinking Water
Received: 02/17/16
Reported: 02/18/16

Attn:

Project:

Location: 14 Springbrook Rd
Number: Westerly

PO Number:

Table with columns: Sample ID, Cust. Sample ID, Location, Method, Result, RL\*, Units, Analysis Date, Analyst. Row 1: 159027-001, 1W, Kitchen Tap, EPA 200.9 Rev 2.2, <5.00, 5.00, ug/L, 02/17/16, SA.

159027-02/18/16 12:20 PM

EPA Regulatory Limits

Table with columns: Parameter, Reg. Limit, Unit. Row 1: Lead, 15.0, ug/L.

Abisola O Kasali
Reviewed By: Abisola Kasali
Metals Supervisor

Certifications

Table with columns: Parameter, Method, Matrix, CA, CT, NJ, RI, VA. Row 1: Lead, EPA 200.9 Rev 2.2, Drinking Water, X, X, X, X, X.

Key

Table with columns: State, Regulatory Agency - Lab ID, Certificate Number. Rows for CA, CT, NJ, RI, VA.

'X' indicates that the analyte is accredited.

If your state is not listed above, call laboratory for accreditation/certification information.

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and \*Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. PPM = mg/kg | PPB = ug/kg. The test results reported relate only to the samples submitted.



Analysis Report

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Customer Address ENVIRONMENTAL LEAD DETECTION (482)  
436 Gardners Neck Rd  
Swansea, MA 02777-3105

Order #: 159026

Matrix Wipe  
Received 02/17/16  
Analyzed 02/17/16  
Reported 02/17/16

Project Location Number 14 Springbrook Rd  
Westerly

Sample ID	Cust. Sample ID	Location Method	Sample Date	Area	Total	Conc.	RL*
159026-001	1D	FL Liv Rm	02/13/16				
Lead		EPA 7000B / 3050B		1.00 ft2	<10.0 µg/wipe	<10.0 µg/ft2	10.0 µg/ft2
159026-002	2D	SL Liv Rm	02/13/16				
Lead		EPA 7000B / 3050B		0.583 ft2	39.6 µg/wipe	67.8 µg/ft2	17.1 µg/ft2
159026-003	3D	FL Kitchen	02/13/16				
Lead		EPA 7000B / 3050B		1.00 ft2	18.6 µg/wipe	18.6 µg/ft2	10.0 µg/ft2
159026-004	4D	SL Kitchen	02/13/16				
Lead		EPA 7000B / 3050B		0.482 ft2	<10.0 µg/wipe	<20.8 µg/ft2	20.8 µg/ft2
159026-005	5D	FL Bed 1	02/13/16				
Lead		EPA 7000B / 3050B		1.00 ft2	<10.0 µg/wipe	<10.0 µg/ft2	10.0 µg/ft2
159026-006	6D	SL Bed 1	02/13/16				
Lead		EPA 7000B / 3050B		0.484 ft2	<10.0 µg/wipe	<20.6 µg/ft2	20.6 µg/ft2
159026-007	7D	FL Bed 2	02/13/16				
Lead		EPA 7000B / 3050B		1.00 ft2	<10.0 µg/wipe	<10.0 µg/ft2	10.0 µg/ft2
159026-008	8D	SL Bed 2	02/13/16				
Lead		EPA 7000B / 3050B		0.874 ft2	127 µg/wipe	145 µg/ft2	11.4 µg/ft2
159026-009	9D	Blank	02/13/16				
Lead		EPA 7000B / 3050B			<10.0 µg/wipe		10.0 µg/wipe

Analyst IH  
159026-02/17/16 03:57 PM

O. Elshowaya

Reviewed By Omar Elshowaya  
Analyst

Minimum Total Reporting Limit: 10.0 µg/wipe. EPA Clearance Std: 40 µg/ft² for floors, 250 µg/ft² for interior window sills, and 400 µg/ft² for window troughs. All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and \*Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. The test results reported relate only to the samples submitted.