

## M2 - REMEDIATION AND CLEARANCE SUMMARY

This form must be completed by a State of Michigan licensed lead professional and submitted to the City of Detroit's Buildings, Safety, Engineering, and Environmental Department, Property Maintenance Division.

**Include the following reports:** Lead Based Paint Inspection, Lead Based Paint Risk Assessment; Lead Activity Declaration; and all related laboratory results must be submitted to complete reporting requirements.

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Detroit \_\_\_\_\_ State: \_\_\_\_\_ MI \_\_\_\_\_ Zip: \_\_\_\_\_ 48 \_\_\_\_\_

Type of Lead Based Paint Hazard control option(s) used (check one):

Interim       Abatement       Both Interim and Abatement

If a Soil Hazard was identified, which type of control was implemented:  Interim       Abatement

Were all Potential Lead Based Paint Hazards, if any, abated?       Yes       No

### LEAD BASED PAINT AND/OR SOIL REMEDIATION PERFORMED BY:

1. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

**Note:** If containment is used, it must remain in place throughout the clearance process.

Date Clearance Performed: \_\_\_\_\_ (**Attach and number each clearance performed**)

Visual Inspection Passed:  Yes       No      Scope of Work Completed:  Yes       No

Containment Used:  Yes       No      Number of Interior Rooms Inspected: \_\_\_\_\_

**State of Michigan Lead Hazard Control, R 325.99407 Clearance Procedures must be followed.**

Clearance Results:  Passed       Failed      (Always include blank(s) with test results)

**The undersigned hereby acknowledges that the information provided herein is complete, accurate, and true. The undersigned also accepts full and irrevocable responsibility for the validity of the information provided and regulatory liability for failure to comply with any and all Federal, State, and local Requirements.**

Clearance Performed By: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete and attach additional copies of this form, as needed, for complete reporting.**

