

Remediation and Clearance Summary

**Buildings, Safety Engineering and Environmental Department
Coleman Alexander Young Municipal Center
2 Woodward Avenue, Suite 412
Detroit, Michigan 48226**

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 as required: 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: _____ Detroit MI 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 Phone #

Company Name Address License #

2) _____
Print name Signature Phone #

Company Name Address License #

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: _____
Print name Signature License # Date

Clearance person's employer:

Company name Address Phone#

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