

SPECS BY LOCATION/TRADE

6/3/2021

Pre-Bid Site Visit: _____
 Bidding Open Date: _____
 Bidding Close Date: _____
 Initial: _____

Case Number: _____
 Project Manager: Doug Desmarais
 Phone: 617-796-1148

Address: 163 Jackson Rd, Newton **Unit: General Requirements**

Location: 1 - General Requirements Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1 General Requirements					
5	<p>OWNER'S FINISH SELECTIONS</p> <p>The owner shall select finish, colors, styles & types of materials from in stock options pertaining to specs. The contractor shall submit to the Construction Manager, a list initialed by both the contractor and the homeowner of the agreed upon colors, styles and types of materials prior to job start.</p>	1.00	GR	n/a	n/a
9	<p>ENVIRONMENTAL REHAB</p> <p>1. Use this work write up (WWU) in conjunction with the lead report. Any lead hazards not in this WWU is the responsibility of the contractor to Delead without additional costs. 2. Interior and exterior to be either spot painted or fully painted, per spec, with two coats of self priming paint, color to match as close as possible to existing paint. 3. All rotted wood to be replaced prior to painting. 4. Use like profile on any woodwork being replaced.</p>	1.00	GR	n/a	n/a
10	<p>OWNER ACCEPTS SCOPE OF WORK</p> <p>The undersigned applicant(s) certifies that he/she has participated in the development of this Work Write Up (WWU). After careful review, the applicant understands and accepts the work described on each page of this WWU.</p> <p>X _____ Date _____ Applicant</p>	1.00	GR	n/a	n/a
12	<p>REHAB SPECIALIST- SCOPE OF WORK</p> <p>The undersigned Rehab Specialist certifies that he has written and reviewed with the applicant the work described in this Work Write Up (WWU).</p> <p>X _____ <u>6-3-21</u> Rehab Specialist Date</p>	1.00	GR	n/a	n/a
14	<p>CONTRACTOR ACCEPTS SCOPE OF WORK</p> <p>The undersigned contractor certifies that he/she has carefully reviewed the work described in this Work Write Up (WWU) and agrees to perform the work described on each page of this WWU.</p> <p>X _____ Date _____ Contractor</p>	1.00	GR	n/a	n/a
24	<p>MA/FEDERAL REGULATIONS, MANUFACTURER'S SPECS AND MA CODE PREVAIL</p> <p>Contractor will adhere to MA and Federal de leading regulations. All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building, plumbing, and electrical code requirements. These specs are</p>	1.00	GR	n/a	n/a

Location: 1 - General Requirements

Approx. Wall SF: 0

Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.				
31	CONSTRUCTION DEFINITIONS "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a
32	SUBSTITUTION APPROVAL PROCESS Any requests for substitutions of specified items shall include: the manufacturer's specifications; full installation instructions and warranties and must be approved prior to the submission of quote/bid. The agency will notify the contractor of decision prior to bid submission deadline. It is recommended that the contractor submit substitutions for approval prior to attending quote/bid walk through.	1.00	GR	n/a	n/a
35	VERIFY QUANTITIES/MEASUREMENTS This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out or it may not be considered a responsible quote/bid. The city of Newton will receive quotes/bids solely on behalf of the property owner(s) and any contractual arrangement for the work will be between the contractor and the owner(s). Quotes/bids will be awarded by using the address grand total. All Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up shall not be honored.	1.00	GR	n/a	n/a
40	ALL PERMITS REQUIRED The contractor shall apply for, pay for, and obtain all the necessary permits including the 10 day Deleading notices prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.	1.00	DU	n/a	n/a
45	CONTRACTOR PRE-QUOTE/BID SITE VISIT The contractor must inspect the property on day, date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of	1.00	GR	n/a	n/a

Location: 1 - General Requirements

Approx. Wall SF: 0

Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 1 General Requirements

the local jurisdiction.

77	NEW MATERIALS REQUIRED	1.00	GR	n/a	n/a
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All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager. Unless otherwise specified in this WWU, the following materials are to be utilized.

1. DOORS:

Exterior entry doors shall be "Thermatruue" , "Stanley", (or approved equal) 4 panel fiberglass foam filled door with a lite design as specified. Exterior doors shall be drilled for specified lock (see hardware for lockset type).

2. HARDWARE:

Exterior doors to have Schlage keyed passage with deadbolt. Owner to specify finish: Brass, antique brass, satin nickel, nickel, bronze, etc...

3. Paint:

All paints shall be Sherwin Williams or Benjamin Moore low VOC paints. Owner to pick color and finish.

4. Lumber and Trim:

All woodwork being installed and or replaced shall be with like material and profile using Select grade or higher.

78	WORKMANSHIP STANDARDS	1.00	GR	n/a	n/a
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All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.

Trade: 9 Environmental Rehab

9009	OWNER'S RESPONSIBILITIES	1.00	DU	n/a	n/a
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The owner shall provide:

1. The unit empty of any persons during the Deleading process.
2. Utilities, Hot water, and sanitary facilities.
3. All packing of breakable and valuable items; and moving of any furniture required by Deleading contractors.
4. Full Access of all areas to be Deleaded.

9044	HOURLY RATE	1.00	EA	n/a	n/a
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This project is subject to prevailing wages set forth by the state of Massachusetts.

9103	SECURE SITE	1.00	DU	n/a	n/a
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After the relocation of the occupants, the contractor shall assume responsibility for securing the site against theft, vandalism, fire and other dangers.

Location Total: _____

Unit Total for 163 Jackson Rd, Newton , Unit General Requirements: _____

Address: 163 Jackson Rd, Newton **Unit:** Unit 1st Floor Lead

Location: 1 - Prep/Final Clean **Approx. Wall SF:** 0 **Ceiling/Floor SF:** 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1 General Requirements					
120	PREP/FINAL CLEAN/DUMPSTER Prior to de leading, post job site signage and secure lead hazard reduction sites. Pre-clean floors, window sills, window troughs and other areas of dust build-up with a HEPA vacuum. Seal all floors with two continuous layers of 6 mil. polyethylene sheeting. Close and seal HVAC registers with polyethylene sheeting. Wrap all furniture, cabinetry and fixed appliances with polyethylene sheeting and tape to create an airtight seal. Provide a dumpster (if needed) and remove from site all construction materials, tools and debris. Rake and sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes a visual dust clearance and a letter of Full Deleading Compliance is issued.	1.00	GR	_____	_____
Location Total:					_____

Location: 2 - Kitchen **Approx. Wall SF:** 0 **Ceiling/Floor SF:** 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9161	WALL--MI After establishing any required floor containment with polyethylene sheeting, using sharpened scrapers, MI all loose peeling paint and plaster. Make paint ready by smoothing with joint compound. Feather edges with a wet, 100-grit, sponge sanding block. Spot paint with two coats of self priming paint.	1.00	RM	_____	_____
Location Total:					_____

Unit Total for 163 Jackson Rd, Newton , Unit Unit 1st Floor Lead: _____

Address: 163 Jackson Rd, Newton **Unit:** Unit 1st Floor Rehab

Location: 1 - Basement **Approx. Wall SF:** 0 **Ceiling/Floor SF:** 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 21 HVAC					
6244	BOILER--HIGH EFFICIENCY 90+-- REPLACE After doing proper heat take off: Remove existing boiler, recycle all metal components and dispose of all other materials in a code legal dump. Replace existing boiler with a high efficiency gas Fired, modulating, direct vent (optional), hot water boiler. Boiler to have a AFUE rating of at least 90%. Install boiler, connected to the distribution piping and baseboard convectors that service the entire unit. Installation to include all power and	1.00	EA	_____	_____

Address: 163 Jackson Rd, Newton **Unit: Unit 1st Floor Rehab**

Location: 1 - Basement **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 21	HVAC				

control wiring, a new thermostat with separate weekday and weekend programs, and a lighted digital display. Include expansion tank, one circulation pump per zone, water and gas supply and flue piping. The installation is required to maintain a minimum 70 F indoor temperature when outdoor temperature is -10 F.

Location Total: _____

Location: 2 - Kitchen **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				

3210	STORM DOOR--ALUMINUM Replace storm door with a aluminum combination storm and screen door with baked enamel aluminum finish and top chain and closer. Client to pick style and color with a price allowance of \$400.00	1.00	EA	_____	_____
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Trade: 20 **Floor Coverings**

5920	UNDERLAY AND LUXURY VINYL TILE Kitchen floor and hall: Remove all fixtures not built-in. Install 1/4" underlayment grade plywood over existing floor using 7d screw shank or cement coated nails, or narrow crown staples, 6" on center allowing a 1/4" gap at wall. Fill seams with a manufacturer approved filler. Using Amtico 373 Adhesive install Luxury vinyl tile made by Mannington Mills, per manufacturer's recommendations. Square to room axis. Include metal edge strips at openings, and shoe molding around perimeter. Owner's choice up to \$5.00 a sq'. Reinstall fixtures.	186.00	SF	_____	_____
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Location Total: _____

Unit Total for 163 Jackson Rd, Newton , Unit Unit 1st Floor Rehab: _____

Address: 163 Jackson Rd, Newton **Unit: Unit 2nd Floor Lead**

Location: 1 - Prep/Final Clean **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				

120	PREP/FINAL CLEAN/DUMPSTER Prior to de leading, post job site signage and secure lead hazard reduction sites. Pre-clean floors, window sills, window troughs and other areas of dust build-up with a HEPA vacuum. Seal all floors with two continuous layers of 6 mil. polyethylene sheeting. Close and seal HVAC registers with polyethylene sheeting. Wrap all furniture, cabinetry and fixed appliances with	1.00	GR	_____	_____
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Address: 163 Jackson Rd, Newton **Unit: Unit 2nd Floor Lead**

Location: 1 - Prep/Final Clean **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 1 **General Requirements**

polyethylene sheeting and tape to create an airtight seal.

Provide a dumpster (if needed) and remove from site all construction materials, tools and debris. Rake and sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes a visual dust clearance and a letter of Full Deleading Compliance is issued.

Location Total: _____

Unit Total for 163 Jackson Rd, Newton , Unit Unit 2nd Floor Lead: _____

Address: 163 Jackson Rd, Newton **Unit: Unit 2nd Floor Rehab**

Location: 1 - Basement **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 21 **HVAC**

6244	BOILER--HIGH EFFICIENCY 90+-- REPLACE	1.00	EA	_____	_____
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After doing proper heat take off: Remove existing boiler, recycle all metal components and dispose of all other materials in a code legal dump. Replace existing boiler with a high efficiency gas Fired, modulating, direct vent (optional), hot water boiler. Boiler to have a AFUE rating of at least 90%. Install boiler, connected to the distribution piping and baseboard convectors that service the entire house. Installation to include all power and control wiring, a new thermostat with separate weekday and weekend programs, and a lighted digital display. Include expansion tank, one circulation pump per zone, water and gas supply and flue piping. The installation is required to maintain a minimum 70 F indoor temperature when outdoor temperature is -10 F.

Location Total: _____

Location: 2 - Kitchen **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 **Carpentry**

3184	DOOR -- PREHUNG ENTRANCE -- ENERGY STAR	1.00	EA	_____	_____
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C: Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with 9 lites, clear low e glass, a locking passage set and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and interlocking threshold. Prime

Address: 163 Jackson Rd, Newton **Unit: Unit 2nd Floor Rehab**

Location: 2 - Kitchen **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10 Carpentry					
	and topcoat with owner's choice of color and finish. Door to have a price allowance of \$600.00.				
3210	STORM DOOR--ALUMINUM C: Replace storm door with a aluminum combination storm and screen door with baked enamel aluminum finish and top chain and closer. Client to pick style and color with a price allowance of \$400.00	1.00	EA	_____	_____
3747	REPLACE COUNTER TOP--PLASTIC LAMINATE Dispose of existing counter top. Field measure for sizing. Screw to base cabinet a plastic laminate counter top. Provide end-caps and cutout for sink then reinstall sink to working order. Caulk countertop to adjoining walls with low VOC caulking to match wall color. Owner's choice of in-stock color and texture. All particleboard and MDF components must comply with California 93120 (formaldehyde content) or all exposed edges must be sealed with a low-VOC sealant.	21.00	LF	_____	_____

Trade: 20 Floor Coverings					
5920	UNDERLAY AND LUXURY VINYL TILE Remove all fixtures not built-in. Install 1/4" underlayment grade plywood over existing floor using 7d screw shank or cement coated nails, or narrow crown staples, 6" on center allowing a 1/4" gap at wall. Fill seams with a manufacturer approved filler. Using Amtico 373 Adhesive install Luxury vinyl tile made by Mannington Mills, per manufacturer's recommendations. Square to room axis. Include metal edge strips at openings, and shoe molding around perimeter. Owner's choice up to \$5.00 a sq'. Reinstall fixtures.	252.00	SF	_____	_____

Location Total: _____

Unit Total for 163 Jackson Rd, Newton , Unit Unit 2nd Floor Rehab: _____

Address: 163 Jackson Rd, Newton **Unit: Unit Common Areas Lead**

Location: 1 - Porch A 1st Floor **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
9162	DOOR JAMB NON FRICTION--MI C1: After establishing any required floor containment with polyethylene sheeting, using sharpened scrapers, remove all loose peeling paint. Minimize dust generation by covering scraper head with moistened cloth. Spot paint with two coats of self priming paint.	1.00	EA	_____	_____
9537	THRESHOLD--MI C1: After establishing any required floor containment with polyethylene sheeting, using sharpened flat scrapers, remove all loose peeling paint. Minimize dust generation by covering	1.00	EA	_____	_____

Address: 163 Jackson Rd, Newton **Unit: Unit Common Areas Lead**

Location: 1 - Porch A 1st Floor **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
	scraper head with moistened cloth. Paint with two coats of self priming paint.				
9547	TRIM--UPPER/LOWER & JOISTS--MI After establishing any required ground containment with polyethylene sheeting, using sharpened, flat and curved matching scrapers, remove all loose peeling paint. Minimize dust generation by covering scraper head with moistened cloth. Spot paint with two coats of self priming paint.	1.00	EA	_____	_____
9574	DOOR CASING--MI C1: After establishing any required ground containment with polyethylene sheeting, using sharpened, flat and curved matching scrapers, remove all loose peeling paint. Minimize dust generation by covering scraper head with moistened cloth. Paint with two coats of self priming paint.	1.00	EA	_____	_____
9685	SUPPORT COLUMN--MI After establishing any required floor containment with polyethylene sheeting, Using sharpened, flat and curved matching scrapers, remove all loose peeling paint. Minimize dust generation by covering scraper head with moistened cloth. Spot paint with two coats of self priming paint.	8.00	EA	_____	_____
Location Total:					_____

Unit Total for 163 Jackson Rd, Newton , Unit Unit Common Areas Lead: _____

Address: 163 Jackson Rd, Newton **Unit: Unit Common Areas Rehab**

Location: 1 - Exterior **Approx. Wall SF: 0** **Ceiling/Floor SF: 0**

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10 Carpentry					
2641	SIDING--VINYL--REPLACE Remove existing siding to the sheathing. Repair/replace any rotted or damaged wood on sheathing, framing, and trim. Install a continuous layer of foil faced polyisocyanurate foam board with tight fitting seams sealed with the manufacturer's seam tape. The foam board sheathing will become the drainage plane for the wall so all flashing details must direct water to naturally drain over the foam. Drip caps must be installed over windows and doors. Use a 4-piece smooth 3 1/2" outside corner system and a standard 3/4" inside corner system. Install Certain Teed Main Street (or equal) Clapboard vinyl siding, include soffit material. Cover all fascia, door and window casings/sills with coil stock. Caulk all coil stock seams with low VOC silicone. Owner to choose color of siding and coil from in stock options.	35.00	SQ	_____	_____
3184	DOOR -- PREHUNG ENTRANCE -- ENERGY STAR Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with 0 lites, a locking passage set and double cylinder dead bolt. Include interior and exterior casing, three 4"x 4" butt	1.00	EA	_____	_____

Address: 163 Jackson Rd, Newton **Unit: Unit Common Areas Rehab**

Location: 1 - Exterior Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 **Carpentry**

hinges, weatherstripping, and interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of \$600.00.

Trade: 15 **Roofing**

4546	RUBBER ROOF	2.00	SQ		
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A porch: Remove and dispose of all roofing & defective sheathing, railing system, and decking. If needed, replace up to 64 sf of sheathing using pine board or CDX plywood of matching thickness. Install manufacturers approved underlayment board. Install a 60 mil EPDM single ply membrane with adhesive per manufacturer's specs. All membrane flashing, metal flashings and counter flash cones, as well as installation procedure to follow manufacturer's specs. Furnish Owner w/20 year materials warranty.
NOTE: the decking and railings are not to be replaced.

Location Total: _____

Location: 2 - Basement Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 23 **Electric**

7465	ELECTRIC SERVICE--REPAIR	1.00	EA		
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Install a blank plate where breaker is missing on house panel.

Location Total: _____

Unit Total for 163 Jackson Rd, Newton , Unit Unit Common Areas Rehab: _____

Address Grand Total for 163 Jackson Rd, Newton : _____

Bidder: _____

Caulfield Environmental

Christine Caulfield

Master Lead Paint Inspector: License # M-1950
 243 Legate Hill Road
 Leominster, MA 01453
 (978)534-4570 Fax
 Cell (508)561-1281
 caulf@comcast.net

Lead Inspection / Risk Assessment

St.# 163 Street Name Jackson Street Type Rd Unit 1
 City Newton Zip Code 02458-1406

Owner Name: Citizens for Affordable Housing Neighborhood Development
 Owner Address: 90 Doug Desmarais Newton Housing Rehabilitation
 Contact Information: 1000 Commonwealth Ave.
 Client Name (if different from owner): Newton, MA 02459
 Client Address: 617-796-1142

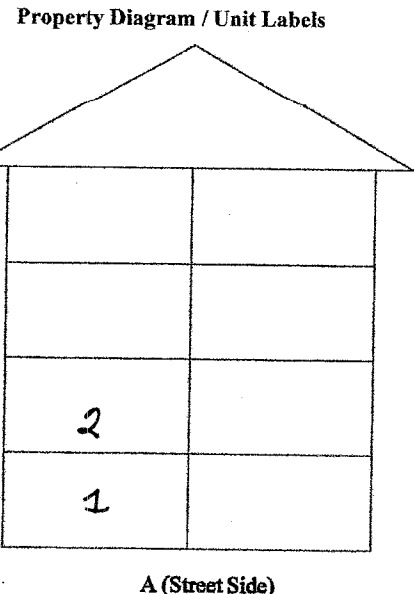
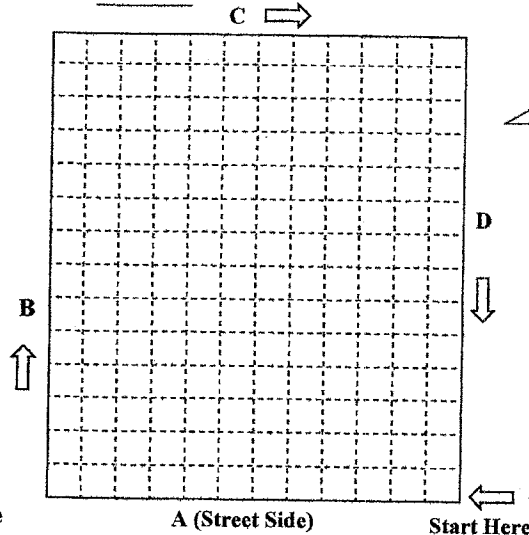
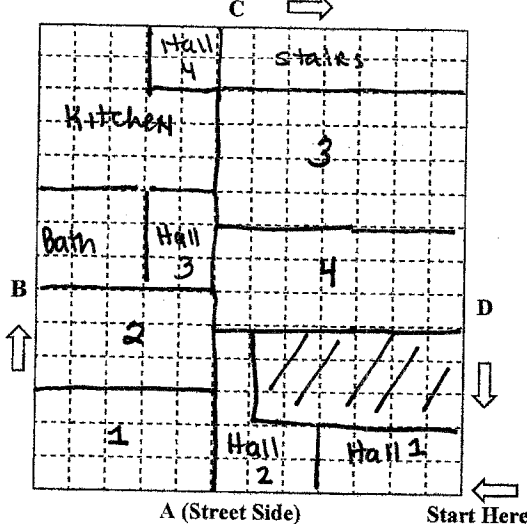
Number of Rooms in Unit: 6
 Property Type:
 Single Family
 Multi Family # of Units: 2
 Condominium # of Units: _____
 Day Care Other: _____

Key	Lead Column	Key	Delead/IC Method Column
COV	Covered	REM	Removed
DC	Drop Ceiling	REP	Replaced
MET	Metal	SCR	Scraped
MR	Metal Rep. Window	SFR	Storm Frame Removed
NA	Not Accessible	SLD	Sealed
NC	No Coating	STP	Stripped
Tile	Tile (testing suggested)	VR/MR	Vinyl/Metal Rep Window
VB	Vinyl Baseboard		
VR	Vinyl Rep. Window		

Laundry in Basement? Yes No
 Finished Space in Basement? Yes No
 Possible Pb Water Service Line
 Yes No Not Tested
 Testing Method Used
 Na₂S Expiration Date: / /
 X-Ray Fluorescence
 Model: Viken Serial # 2506
 Demarcation Lines
 Submitted for Compliance Evaluation

Comments / Notes: _____

Floor# 1 (level within building of unit being inspected) Floor# _____



Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.
 XRF Calibration Recorded in Log Book
 Address Verified through USPS
 Research on Lead Related History for Address
 www.state.ma.us/dph/clppp or 800-532-9571

- Check off when complete
 - Check off when complete
 - Check off when complete

Christine Caulfield
 Signature

Christine Caulfield
 Inspector's Name (print)
 LJ/RA - revised 06/17

M-1950
 License #

11/19/20
 Date

INSPECTION HISTORY

Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
 Signature _____

Comprehensive Initial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: Jack Young, Lic# 3659
 Signature _____

Comp Initial w/Partial PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
 Signature _____

Addendum (add-on to Initial Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
 Signature _____

Addendum as Full Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
 Signature _____

Walk Through for Ed/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

INTERIM CONTROL

Visual Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
 Signature _____

Dust Taken for Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
 Signature _____

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
 Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
 Signature _____

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
 Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
 Signature _____

Risk Assessment Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
 Signature _____

Dust Taken for RA Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
 Signature _____

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: Robert DeLuca, Lic# 1304
 Signature _____

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
 Signature _____

Full Inspection Acting as PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: Christine Caulfield, Lic# MR1930
 Signature _____

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
 Signature _____

REOCCUPANCY CERTIFICATE HISTORY

COMPLIANCE HISTORY (CONT.)

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance				
No prior history/ No signs of UD				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr.				

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance					
0	8	0	9	0	5
Dust wipes if No Reocc.					

Inspector Name: Robert DeLuca, Lic# 1304

Signature _____

UD / DES Visual Reinspection				
No LOC Issued				

P
 F

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P
 F

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P
 F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Final Reinspection				
No LOC Issued				

P
 F

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead. • "N/A" means that the inspector was not able to test the surface. The inspector must assume the surface contains lead and require it to be delead. Speak to the inspector about possible alternative testing options. • "MET" or "MR" means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be delead if they test equal to or greater than 1.0 mg/cm², or are marked "MET" or "N/A". All other metal surfaces must be intact. • For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • "M/I" circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety. • "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. • "A/M" circled means that the surface is "accessible mouthable" and must be delead to a minimum of five feet high, four inches in from the edge or corner. • "F" circled means that the surface is a "friction" surface and must be delead at all points of potential friction. • "L" circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is completed during a risk assessment, which is an evaluation of a home's suitability for Interim Control. Only a licensed risk assessor can do a risk assessment. If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and deleading is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report's cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. "N/A" means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.
RULED OUT BOX	Encapsulants only work well if the paint is in good condition. If the inspector sees that there are adhesion problems with eligible surfaces in a room, he/she will rule out encapsulation as a deleading method.

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 463 Jackson St

Apt. # 1

City: Newton

ROOM # 1 Continued ->

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y				
A B C D	Low Walls	0.2	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.5	L N/A	Y				
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	N/A	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.3	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.2	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.4	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
D	columns	0.0	F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 6 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

CONTINUATION OF ROOM (1)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	
A	Window Sill	0.2	M/I A/M L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y					
B	Win Apron	0.0	L N/A	Y					B	Win Apron	/	L N/A	Y					
C	Win Casing	0.4	L N/A	Y					C	Win Casing	/	L N/A	Y					
D	Header Stop	0.2	M/I L N/A	Y					D	Header Stop	/	M/I L N/A	Y					
#	Int Stops	0.1	M/I L N/A	Y					#	Int Stops	/	M/I L N/A	Y					
#	Win Int Sash	VR	M/I L N/A	Y					#	Win Int Sash	/	M/I L N/A	Y					
#	Exterior Sill	VR	M/I SF L N/A	Y					#	Exterior Sill	/	M/I SF L N/A	Y					
#	Part Bead	VR	M/I L N/A	Y					#	Part Bead	/	M/I L N/A	Y					
#	Blind Stop	/	M/I SF L N/A	Y					#	Blind Stop	/	M/I SF L N/A	Y					
#	Win Ext Sash	VR	M/I L N/A	Y					#	Win Ext Sash	/	M/I L N/A	Y					
A	Window Sill	/	M/I A/M L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y					
B	Win Apron	/	L N/A	Y					B	Win Apron	/	L N/A	Y					
C	Win Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y					
D	Header Stop	/	M/I L N/A	Y					D	Header Stop	/	M/I L N/A	Y					
#	Int Stops	/	M/I L N/A	Y					#	Int Stops	/	M/I L N/A	Y					
#	Win Int Sash	/	M/I L N/A	Y					#	Win Int Sash	/	M/I L N/A	Y					
#	Exterior Sill	/	M/I SF L N/A	Y					#	Exterior Sill	/	M/I SF L N/A	Y					
#	Part Bead	/	M/I L N/A	Y					#	Part Bead	/	M/I L N/A	Y					
#	Blind Stop	/	M/I SF L N/A	Y					#	Blind Stop	/	M/I SF L N/A	Y					
#	Win Ext Sash	/	M/I L N/A	Y					#	Win Ext Sash	/	M/I L N/A	Y					
A	Window Sill	/	M/I A/M L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y					
B	Win Apron	/	L N/A	Y					B	Win Apron	/	L N/A	Y					
C	Win Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y					
D	Header Stop	/	M/I L N/A	Y					D	Header Stop	/	M/I L N/A	Y					
#	Int Stops	/	M/I L N/A	Y					#	Int Stops	/	M/I L N/A	Y					
#	Win Int Sash	/	M/I L N/A	Y					#	Win Int Sash	/	M/I L N/A	Y					
#	Exterior Sill	/	M/I SF L N/A	Y					#	Exterior Sill	/	M/I SF L N/A	Y					
#	Part Bead	/	M/I L N/A	Y					#	Part Bead	/	M/I L N/A	Y					
#	Blind Stop	/	M/I SF L N/A	Y					#	Blind Stop	/	M/I SF L N/A	Y					
#	Win Ext Sash	/	M/I L N/A	Y					#	Win Ext Sash	/	M/I L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
		.	F M/I A/M L N/A	Y							.	F M/I A/M L N/A	Y					
COMMENTS / STRUCTURAL DEFECTS:									COMMENTS / STRUCTURAL DEFECTS:									
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)									EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)									
SIDE	LOCATION	MEASURE: LOOSE PAINT				IC DATE	IC METHOD											
								<input type="checkbox"/> Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems										

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 7 Of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

ROOM # 2 continued

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y				
A B C D	Low Walls	0.1	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.4	L N/A	Y				
	Floor	0.3	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	N/A	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door <i>hutch</i>	0.1	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.4	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	0.0	L N/A	Y				<i>Hutch</i>
B	Cl Door Edge	0.2	F L N/A	Y				
C	Cl Casing	0.1	L N/A	Y				
D	Closet Jamb	0.1	F L N/A	Y				
	Closet Walls	0.4	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	0.2	L N/A	Y				
3	Cl Supports	0.1	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	N/A	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.3	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.3	M/I A/M L N/A	Y				
B	Win Apron	0.4	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
C	Drawers	0.0	F M/I A/M L N/A	Y				
C	Frame	0.2	F M/I A/M L N/A	Y				
D	door	0.1	F M/I A/M L N/A	Y				
	edge	0.0	F M/I A/M L N/A	Y				
	CASING	0.3	F M/I A/M L N/A	Y				
	Jamb	0.2	F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 8 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 1163 Jackson Rd

Apt. # 1

City: Newton

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	01	L N/A	Y				
A B C D	Low Walls	01	L N/A	Y				
A B C D	Baseboards	00	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	04	L N/A	Y				
	Floor	03	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door	03	L N/A	Y				
C D	Door Edge	00	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	02	L N/A	Y				
A B C D	Door	01	L N/A	Y				
C D	Door Edge	00	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	03	F L N/A	Y				
	Threshold	03	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	00	L N/A	Y				
B	Cl Door Edge	01	F L N/A	Y				
C	Cl Casing	04	L N/A	Y				
D	Closet Jamb	01	F L N/A	Y				
	Closet Walls	02	L N/A	Y				
	Cl Baseboard	01	L N/A	Y				
1	Closet Pole	met	L N/A	Y				
2	Closet Shelf	00	L N/A	Y				
3	Cl Supports	00	L N/A	Y				
4	Closet Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	02	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	03	M/I L N/A	Y				
	Int Stops	02	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	02	M/I A/M L N/A	Y				
B	Win Apron	02	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	04	M/I L N/A	Y				
	Int Stops	01	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 9 Of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

ROOM # 4

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	0.2	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.4	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door	0.0	L N/A	Y				
A B C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B C D	Door Hall	0.0	L N/A	Y				
A B C D	Door Edge	0.3	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B C D	Door	0.0	L N/A	Y				
A B C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
	Closet Door	0.3	L N/A	Y				
A	Cl Door Edge	0.1	F L N/A	Y				
B	Cl Casing	0.2	L N/A	Y				
C	Closet Jamb	0.1	F L N/A	Y				
D	Closet Walls	0.3	L N/A	Y				
	Cl Baseboard	0.0	L N/A	Y				
1	Closet Pole	0.1	L N/A	Y				
2	Closet Shelf	0.0	L N/A	Y				
3	Cl Supports	0.2	L N/A	Y				
4	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.3	M/A A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.2	M/A L N/A	Y				
	Int Stops	0.4	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	/	M/A SF L N/A	Y				
	Win Ext Sash	VR	M/A L N/A	Y				
A	Window Sill	0.1	M/A A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.2	M/A L N/A	Y				
	Int Stops	0.1	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	/	M/A SF L N/A	Y				
	Win Ext Sash	VR	M/A L N/A	Y				
A	Window Sill	/	M/A A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/A L N/A	Y				
	Int Stops	/	M/A L N/A	Y				
1	Win Int Sash	/	M/A L N/A	Y				
2	Exterior Sill	/	M/A SF L N/A	Y				
3	Part Bead	/	M/A L N/A	Y				
4	Blind Stop	/	M/A SF L N/A	Y				
	Win Ext Sash	/	M/A L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				
			F M/A A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

KITCHEN

Continued ->

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	16.5	(*) (L) N/A	Y				
A B C D	Low Walls	9.0	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	1.2	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	CON	L (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.4	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				frame around refrigerator
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				framed opening
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
(B)	Win Apron	/	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.4	M/I L N/A	Y				
(1)	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
(B)	Win Apron	/	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
(2)	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
(A) B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.1	L N/A	Y				
	Up Cab Walls	0.0	L N/A	Y				
1 2	Up Cab Shlvs	0.3	L N/A	Y				
3 4	Supports	0.1	L N/A	Y				
	Low Cab Fram	0.2	L N/A	Y				
(A) B	Low Cab Door	0.1	L N/A	Y				
C D	Low Cab Walls	0.2	L N/A	Y				
	Low Cab Shlvs	0.1	L N/A	Y				
1 2	Supports	0.1	L N/A	Y				
3 4	Drawers	0.1	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
* Cracks in walls on 11-19-20

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 11 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

CONTINUATION OF ROOM (Kitchen)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
ⓐ	Door Edge	/	F L N/A	Y				framed opening to Hall #4
1ⓐ	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
C	Closet Walls	/	L N/A	Y				
D	Cl Baseboard	/	L N/A	Y				
#	Closet Pole	/	L N/A	Y				
	Closet Shelf	/	L N/A	Y				
	Cl Supports	/	L N/A	Y				
	Cl Drawers	/	L N/A	Y				
	Cl Dr Frame	/	L N/A	Y				
	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A B	Shlvs Above 5'	/	L N/A	Y				
C D	Cab Above 5'	/	L N/A	Y				
A B	Cab Above 5'	/	L N/A	Y				
C D	Cab Above 5'	/	L N/A	Y				
C D	Up Cab Door	/	L N/A	Y				
#	Up Cab Walls	/	L N/A	Y				
	Up Cab Shlvs	/	L N/A	Y				
	Supports	/	L N/A	Y				
		.	F M/I A/M L N/A					
		.	F M/I A/M L N/A					

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Low Cab Fram	/	L N/A	Y				
A B	Low Cab Door	/	L N/A	Y				
C D	Low Cab Walls	/	L N/A	Y				
#	Low Cab Shlvs	/	L N/A	Y				
	Supports	/	L N/A	Y				
	Drawers	/	L N/A	Y				
A	Window Sill	0.4	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
ⓐ	Win Casing	0.6	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
# 1	Win Int Sash	VR	M/I L N/A	Y				
	Exterior Sill	VR	M/I SF L N/A	Y				
	Part Bead	VR	M/I L N/A	Y				
	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
#	Win Int Sash	/	M/I L N/A	Y				
	Exterior Sill	/	M/I SF L N/A	Y				
	Part Bead	/	M/I L N/A	Y				
	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantel	/	L N/A	Y				
A B	Sidelight (L)	/	L N/A	Y				
C D	Sidelight (R)	/	L N/A	Y				
A B	Win Above 5'	/	L N/A	Y				
C D	Win Above 5'	/	L N/A	Y				
D	wall	/	F M/I A/M L N/A					
	radiator	0.1	F M/I A/M L N/A					
		.	F M/I A/M L N/A					
		.	F M/I A/M L N/A					

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 12 of 24

Inspector (print)

Lic #

Signature

Date

1 1

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

BATHROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	5.0	L N/A	Y				
A B	Low Walls	tile	L N/A	Y				
A B	Baseboards	tile	L N/A	Y				
A B	Chair Rail	tile	L N/A	Y				
6B	Radiator	0.1	L N/A	Y				
	Floor	tile	L (dust) N/A	Y				
	Ceiling	0.2	L N/A	Y				
A B	Door	0.1	L N/A	Y				
0D	Door Edge	00	F L N/A	Y				
12	Door Casing	0.3	L N/A	Y				
34	Door Jamb	0.2	F L N/A	Y				
	Threshold	00	L N/A	Y		marble		
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Ci Door Edge	/	F L N/A	Y				
B	Ci Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Ci Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Ci Supports	/	L N/A	Y				
4	Closet Floor	/	L (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Cab Frame	/	L N/A	Y				
C D	Up Cab Door	/	L N/A	Y				
	Up Cab Walls	/	L N/A	Y				
1 2	Up Cab Shlvs	/	L N/A	Y				
3 4	Supports	/	L N/A	Y				
	Low Cab Fram	00	L N/A	Y				
0B	Low Cab Door	0.2	L N/A	Y				
C D	Low Cab Walls	00	L N/A	Y				
	Low Cab Shlvs	0.4	L N/A	Y				
1 2	Supports	0.1	L N/A	Y				
3 4	Drawers	/	L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y		marble		
0B	Win Apron	tile	L N/A	Y				
C	Win Casing	tile	L N/A	Y				
D	Header Stop	tile	M/I L N/A	Y				
	Int Stops	tile	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Win Above 5'	/	L NA	Y				
C D	Ceiling Molding	/	L NA	Y				
A B	Medicine Cab	/	L NA	Y				
A	tail cabinet	00	F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 13 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson ST

Apt. # 1

City: Newton

HALLWAY: Interior # 1 or Common Hallway: Front Rear Floor #

CA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y													
A B C D	Low Walls	0.1	L N/A	Y					A	Closet Door	/	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y						CI Door Edge	/	F L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y					B	CI Casing	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y					C	Closet Jamb	/	F L N/A	Y				
	Floor	0.2	L (dust) N/A	Y					D	Closet Walls	/	L N/A	Y				
	Ceiling	NA	L N/A	Y						CI Baseboard	/	L N/A	Y				
A B	Door ext	0.0	L N/A	Y					1	Closet Pole	/	L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y					2	Closet Shelf	/	L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y					3	CI Supports	/	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y					4	Closet Floor	/	L (dust) N/A	Y				
	Threshold	0.4	L N/A	Y						Closet Ceiling	/	L N/A	Y				
A B	Door Apt. 1	0.0	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y					B	Win Apron	/	L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y					C	Win Casing	/	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
	Threshold	Met	L N/A	Y						Int Stops	/	M/I L N/A	Y				
A B	Door Apt. 2	0.2	L N/A	Y					1	Win Int Sash	/	M/I L N/A	Y				
C D	Door Edge	0.4	F L N/A	Y					2	Exterior Sill	/	M/I SF L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y					3	Part Bead	/	M/I L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y					4	Blind Stop	/	M/I SF L N/A	Y				
	Threshold	Met	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
A B	Door	/	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
C D	Door Edge	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
1 2	Door Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
	Closet Door	/	L N/A	Y						Int Stops	/	M/I L N/A	Y				
A	CI Door Edge	/	F L N/A	Y					1	Win Int Sash	/	M/I L N/A	Y				
B	CI Casing	/	L N/A	Y					2	Exterior Sill	/	M/I SF L N/A	Y				
C	Closet Jamb	/	F L N/A	Y					3	Part Bead	/	M/I L N/A	Y				
D	Closet Walls	/	L N/A	Y					4	Blind Stop	/	M/I SF L N/A	Y				
	CI Baseboard	/	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
1	Closet Pole	/	L N/A	Y					A B C D	Win Above 5'	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y						Ceiling Molding	/	L N/A	Y				
3	CI Supports	/	L N/A	Y								F M/I A/M L N/A	Y				
4	Closet Floor	/	L (dust) N/A	Y								F M/I A/M L N/A	Y				
	Closet Ceiling	/	L N/A	Y								F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 14 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 4

City: Newton

HALLWAY: Interior # 2 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y													
A B C D	Low Walls	0.1	L N/A	Y													
A B C D	Baseboards	0.0	L N/A	Y													
A B C D	Chair Rail	/	L N/A	Y													
A B C D	Radiator	0.3	L N/A	Y													
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y													
	Ceiling	NA	L N/A	Y													
A B	Door	0.0	L N/A	Y													
C D	Door Edge	0.2	F L N/A	Y													
1 2	Door Casing	0.3	L N/A	Y													
3 4	Door Jamb	0.1	F L N/A	Y													
	Threshold	0.4	L N/A	Y													
A B	Door	0.0	L N/A	Y													
C D	Door Edge	0.2	F L N/A	Y													
1 2	Door Casing	0.1	L N/A	Y													
3 4	Door Jamb	0.1	F L N/A	Y													
	Threshold	0.0	L N/A	Y													
A B	Door	0.2	L N/A	Y													
C D	Door Edge	0.1	F L N/A	Y													
1 2	Door Casing	0.0	L N/A	Y													
3 4	Door Jamb	0.3	F L N/A	Y													
	Threshold	0.1	L N/A	Y													
A B	Door	/	L N/A	Y													
C D	Door Edge	/	F L N/A	Y													
1 2	Door Casing	/	L N/A	Y													
3 4	Door Jamb	/	F L N/A	Y													
	Closet Door	/	L N/A	Y													
A	Cl Door Edge	/	F L N/A	Y													
B	Cl Casing	/	L N/A	Y													
C	Closet Jamb	/	F L N/A	Y													
D	Closet Walls	/	L N/A	Y													
	Cl Baseboard	/	L N/A	Y													
1	Closet Pole	/	L N/A	Y													
2	Closet Shelf	/	L N/A	Y													
3	Cl Supports	/	L N/A	Y													
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y													
	Closet Ceiling	/	L N/A	Y													
	Closet Door	/	L N/A	Y													
A	Cl Door Edge	/	F L N/A	Y													
B	Cl Casing	/	L N/A	Y													
C	Closet Jamb	/	F L N/A	Y													
D	Closet Walls	/	L N/A	Y													
	Cl Baseboard	/	L N/A	Y													
1	Closet Pole	/	L N/A	Y													
2	Closet Shelf	/	L N/A	Y													
3	Cl Supports	/	L N/A	Y													
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y													
	Closet Ceiling	/	L N/A	Y													
A	Window Sill	0.3	M/I A/M L N/A	Y													
B	Win Apron	0.1	L N/A	Y													
C	Win Casing	0.2	L N/A	Y													
D	Header Stop	0.1	M/I L N/A	Y													
	Int Stops	0.1	M/I L N/A	Y													
1	Win Int Sash	VR	M/I L N/A	Y													
2	Exterior Sill	VR	M/I SF L N/A	Y													
3	Part Bead	VR	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	VR	M/I L N/A	Y													
A	Window Sill	/	M/I A/M L N/A	Y													
B	Win Apron	/	L N/A	Y													
C	Win Casing	/	L N/A	Y													
D	Header Stop	/	M/I L N/A	Y													
	Int Stops	/	M/I L N/A	Y													
1	Win Int Sash	/	M/I L N/A	Y													
2	Exterior Sill	/	M/I SF L N/A	Y													
3	Part Bead	/	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	/	M/I L N/A	Y													
A B C D	Win Above 5'	/	L N/A	Y													
	Ceiling Molding	/	L N/A	Y													
B	Columns	0.1	F M/I A/M L N/A	Y													
B	framed	/	F M/I A/M L N/A	Y													
	opening	0.0	F M/I A/M L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 15 Of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

HALLWAY: Interior # 3 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	4.7	L N/A	Y				
A B C D	Low Walls	4.7	L N/A	Y				
A B C D	Baseboards	.	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door bath	0.0	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.0	L N/A	Y		marble		
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.4	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
D2	Door	0.0	F M/I A/M L N/A	Y				
	edge	0.2	F M/I A/M L N/A	Y				
	Casing	0.1	F M/I A/M L N/A	Y				
	Jamb	0.0	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 16 Of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

Hallway 4

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.5	L N/A	Y				
A B C D	Low Walls	0.2	L N/A	Y				
A B C D	Baseboards	0.3	L N/A	Y				
A B C D	Chair Rail	0.1	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	CA	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door exit	0.0	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door Bsmr	0.0	L N/A	Y				
C D	Door Edge	0.0	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	0.0	L N/A	Y				
A	Cl Door Edge	0.0	F L N/A	Y				
B	Cl Casing	0.0	L N/A	Y				
C	Closet Jamb	0.0	F L N/A	Y				
D	Closet Walls	0.2	L N/A	Y				
	Cl Baseboard	0.1	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	0.0	L N/A	Y				
3	Cl Supports	0.4	L N/A	Y				
4	Closet Floor	CA	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:
* The refrigerator is in this closet

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 17 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

STAIRCASE # 1st to Basement

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	0.2	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A B	Door TOP	0.0	L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.1 / MET	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	0.0	L N/A	Y				
	Stringer	0.0	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	0.2	L N/A	Y				
	Floor Casing	0.0	L N/A	Y				
A	barnboard	/	F M/I A/M L N/A	Y				
	lower	/	F M/I A/M L N/A	Y				
	wall	0.0	F M/I A/M L N/A	Y				
C	stone	/	F M/I A/M L N/A	Y				
	lower wall	0.1	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

BASEMENT/LAUNDRY AREA

CA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Walls	04	L N/A	Y					A B C D	Serviceboard	NC	L N/A	Y				
A B C D	Walls	00	L N/A	Y					A B	Shelves	/	L N/A	Y				
A B C D	Walls	03	L N/A	Y					C D	Supports	/	L N/A	Y				
A B C D	Walls	04	L N/A	Y					A B	Shelves	/	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y					C D	Supports	/	L N/A	Y				
A B C D	Chair rails	/	L N/A	Y					A B	Shelves	/	L N/A	Y				
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y					C D	Supports	/	L N/A	Y				
	Ceiling	0.4	L N/A	Y					A B	Window frame	NC	M/I	L N/A	Y		X3	
A B C D	Chimney	02	L N/A	Y					C D	Window Sash	VR	M/I	L N/A	Y			
A B C D	Support Column	04	L N/A	Y					1 2	Exterior Sill	VR	M/I	L N/A	Y			
A B	Door	NC	L N/A	Y					3 4	Part Bead	VR	M/I	L N/A	Y			
C D	Door Edge	NC	F L N/A	Y						Win Ext Sash	VR	M/I	L N/A	Y			
2	Door Casing	NC	L N/A	Y					A B	Window frame	NC	M/I	L N/A	Y		X3	
3 4	Door Jamb	NC	F L N/A	Y					C D	Window Sash	VR	M/I	L N/A	Y			
	Threshold	/	L N/A	Y					1 2	Exterior Sill	VR	M/I	L N/A	Y			
A B	Door	NC	L N/A	Y					3 4	Part Bead	VR	M/I	L N/A	Y			
C D	Door Edge	NC	F L N/A	Y						Win Ext Sash	VR	M/I	L N/A	Y			
2	Door Casing	NC	L N/A	Y					A B	Window frame	/	M/I	L N/A	Y			
3 4	Door Jamb	NC	F L N/A	Y					C D	Window Sash	/	M/I	L N/A	Y			
	Threshold	/	L N/A	Y					1 2	Exterior Sill	/	M/I	L N/A	Y			
	Closet Door	/	L N/A	Y					3 4	Part Bead	/	M/I	L N/A	Y			
A	Cl Door Edge	/	F L N/A	Y						Win Ext Sash	/	M/I	L N/A	Y			
B	Cl Casing	/	L N/A	Y					A B	Newel Posts	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y					A B	Handrail	/	A/M	L N/A	Y			
D	Closet Walls	/	L N/A	Y					C D	Balusters	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y					1 2	Lower rail	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y					3 4	Treads	/	F	L N/A	Y			
2	Closet Shelf	/	L N/A	Y						Risers	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y						Stringer	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y						Tread Edge	/	L N/A	Y				
	Closet Ceiling	/	L N/A	Y						Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Cabinets	/	L N/A	Y					A B C D	Oil Tank	/	L N/A	Y				
A B	Benches	/	L N/A	Y					A B C D	Win Above 5'	/	L N/A	Y				
C D	Supports	/	L N/A	Y						Barnboard	/	F M/I A/M L N/A	Y				
A B C D	Pipes	00	L N/A	Y						Wall in	/	F M/I A/M L N/A	Y				
A B C D	Sink	/	L N/A	Y						center	0.2	F M/I A/M L N/A	Y				
A B C D	Drainpipe	/	L N/A	Y								F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

Comments/Structural Defects

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 19 Of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

PORCH C (side) 1 (floor)

C4

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB	Siding	02	L N/A	Y				
CD	Corner Boards	02	L N/A	Y				
	Upper Trim	00	L N/A	Y				
	Ceiling	02	L N/A	Y				
	Joists	02	L N/A	Y				
	Storm Door	/	L N/A	Y				
AB	Strm Door Edge	/	F L N/A	Y				
CD	Door	00	L N/A	Y				
	Door Edge	01	F L N/A	Y				
1	Door Casing	03	L N/A	Y				
34	Door Jamb	01	F L N/A	Y				
	Threshold	MET	L N/A	Y				
	Kickplate	00	L N/A	Y				
	Storm Door	/	L N/A	Y				
AB	Strm Door Edge	/	F L N/A	Y				
CD	Door	04	L N/A	Y				
	Door Edge	01	F L N/A	Y				
1	Door Casing	00	L N/A	Y				
34	Door Jamb	02	F L N/A	Y				
	Threshold	MET	L N/A	Y				
	Kickplate	01	L N/A	Y				
AB	Window Sill	/	A/M L N/A	Y				
CD	Win Casing	/	L N/A	Y				
12	Window Sash	/	L N/A	Y				
34	Mullions	/	L N/A	Y				
AB	Window Sill	/	A/M L N/A	Y				
CD	Win Casing	/	L N/A	Y				
12	Window Sash	/	L N/A	Y				
34	Mullions	/	L N/A	Y				
AB	Window Sill	/	A/M L N/A	Y				
CD	Win Casing	/	L N/A	Y				
12	Window Sash	/	L N/A	Y				
34	Mullions	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB	Window Sill	/	A/M L N/A	Y				
CD	Win Casing	/	L N/A	Y				
12	Window Sash	/	L N/A	Y				
34	Mullions	/	L N/A	Y				
AB	Window Sill	/	A/M L N/A	Y				
CD	Win Casing	/	L N/A	Y				
12	Window Sash	/	L N/A	Y				
34	Mullions	/	L N/A	Y				
	Support Clms	02	L N/A	Y				
	Newel post	00	L N/A	Y				
	Railing Cap	NC	A/M L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	NC	L N/A	Y				
	Lower Rail	NC	L N/A	Y				
	Treads	NC	F L N/A	Y				
	Risers	04	L N/A	Y				
	Stringer	04	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Lower Walls	/	L N/A	Y				
	Lattice	02	L N/A	Y				
	Lower Trim	01	L N/A	Y				
	Floor	NC	L (dust)* N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

(dust)* - Applies only to porches used as interior space
COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd Apt. # 1

City: Newton

PORCH A (side) 1 (floor)

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Upper Trim, Ceiling, Joists, Storm Door, Srm Door Edge, Door, Door Edge, Door Casing, Door Jamb, Threshold, Kickplate, Window Sill, Win Casing, Window Sash, Mullions.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Window Sill, Win Casing, Window Sash, Mullions, Support Clnms, Newel post, Railing Cap, Handrail, Balusters, Lower Rail, Treads, Risers, Stringer, Tread Edge, Lower Walls, Lattice, Lower Trim, Floor, Lattice, lower walls, trim, hand, lattice, lower walls.

COMMENTS / STRUCTURAL DEFECTS: * Columns test 0.6 below 5' + 29.3 above 5'

(dust)* - Applies only to porches used as interior space COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.), IC DATE, IC METHOD.

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property:

163 Jackson Rd

Apt. # 1

City: Newton

EXTERIOR A Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	CW	L N/A	Y				
A	Corner Boards	CW	L N/A	Y				
A	Lower Trim	CA	L N/A	Y				
A	Upper Trim	CW	L N/A	Y				
A	Win Above 5'	CW / VR	L N/A	Y				
A	Porch Above 5'	NA	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
1 2	Door	/	L N/A	Y				
3 4	Door Edge	/	F L N/A	Y				
A	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
#	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
#	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
A	Foundation	CW	L N/A	Y				
A	Bulkhead	/	L N/A	Y				
A	Fences	OR	L N/A	Y				
A	Shutters	/	L N/A	Y				
A	Newel post	/	L N/A	Y				
A	Railing Cap	/	A/M L N/A	Y				
A	Handrail	/	A/M L N/A	Y				
A	Balusters	/	L N/A	Y				
A	Lower Rail	/	L N/A	Y				
A	Treads	/	F L N/A	Y				
A	Risers	/	L N/A	Y				
A	Tread edge	/	L N/A	Y				
A	Landing floor	/	L N/A	Y				
A	Stringer	/	L N/A	Y				
A	Lattice	/	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
A	Elec Conduit	/	L N/A	Y				
A	Oil Fill Pipe	/	L N/A	Y				
A	Overhang Trim	/	L N/A	Y				
A	Lamp Post	/	L N/A	Y				
A		/	F M/A/M L N/A	Y				
A		/	F M/A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
A				
A				
A				
A				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property:

163 Jackson Rd

Apt. #

1

City: Newton

EXTERIOR B Side

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Lower Trim, Upper Trim, Win Above 5', Porch Above 5', Storm Door, Strm Door Edge, Door Small, Door Edge, Door Casing, Door Jamb, Threshold, Kickplate, Storm Door, Strm Door Edge, Door, Door Edge, Door Casing, Door Jamb, Threshold, Kickplate, Door, Door Edge, Door Casing, Door Jamb, Threshold, Kickplate, Window Sill, Win Casing, Window Sash, Window Sill, Win Casing, Window Sash.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Window Sill, Win Casing, Window Sash, Cellar Win Sill, Cel Win Frame, Cel Win Sash, Screen Frame, Cellar Win Sill, Cel Win Frame, Cel Win Sash, Screen Frame, Cellar Win Sill, Cel Win Frame, Cel Win Sash, Screen Frame, Foundation, Bulkhead, Fences, Shutters, Newel post, Railing Cap, Handrail, Balusters, Lower Rail, Treads, Risers, Tread edge, Landing floor, Stringer, Lattice, Drain Pipes, Elec Conduit, Oil Fill Pipe, Overhang Trim, Support Clms.

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT, IC DATE, IC METHOD. Rows for B side.

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

Table with columns: LOCATION, AREA MEASUREMENT (Square Feet), RESULT (PPM), REMED DATE, REMED METH. Rows for Play Area and Bare Soil.

Comments:

Inspector (print)

Lic#

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 1

City: Newton

EXTERIOR C Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	COV	L N/A	Y				
	Corner Boards	COV	L N/A	Y				
	Lower Trim	COV	L N/A	Y				
	Upper Trim	COV	L N/A	Y				
	Win Above 5'	NA	L N/A	Y				
	Porch Above 5'	/	L N/A	Y				
C	Storm Door	/	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
C	Storm Door	/	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
C	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Window Sash	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
C				
C				
C				
C				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
#	Screen Frame	/	L N/A	Y				
	Foundation	00	L N/A	Y				
C	Bulkhead	/	L N/A	Y				
	Fences	/	L N/A	Y				
	Shutters	/	L N/A	Y				
C	Newel post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower Rail	/	L N/A	Y				
	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Tread edge	/	L N/A	Y				
Landing floor	/	L N/A	Y					
C	Stringer	/	L N/A	Y				
	Lattice	/	L N/A	Y				
	Drain Pipes	/	L N/A	Y				
C	Elec Conduit	/	L N/A	Y				
	Oil Fill Pipe	/	L N/A	Y				
	Overhang Trim	/	L N/A	Y				
C	Support Clmns	/	L N/A	Y				
C			F M/I A/M L N/A	Y				
C			F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Inspector (print)

Lic #

Signature

Date

1 1

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. #

1

City: Newton

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	CW	L N/A	Y				
	Corner Boards	CW	L N/A	Y				
	Lower Trim	CW	L N/A	Y				
	Upper Trim	CW	L N/A	Y				
	Win Above 5'	CW / VR	L N/A	Y				
	Porch Above 5'		L N/A	Y				
D	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
D	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
D	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
D	Window Sill	A/M	L N/A	Y				
	# Win Casing		L N/A	Y				
	Window Sash		L N/A	Y				
	D	Window Sill	A/M	L N/A	Y			
# Win Casing			L N/A	Y				
# Window Sash			L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
D				
D				
D				
D				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Window Sill		A/M L N/A	Y				
	# Win Casing		L N/A	Y				
	Window Sash		L N/A	Y				
D	Cellar Win Sill	CW	A/M L N/A	Y				
	# 1 Cel Win Frame	CW	L N/A	Y				
	Cel Win Sash	VR	L N/A	Y				
D	Screen Frame	VR	L N/A	Y				
	# 2 Cellar Win Sill	CW	A/M L N/A	Y				
D	Cel Win Frame	CW	L N/A	Y				
	# 2 Cel Win Sash	VR	L N/A	Y				
D	Screen Frame	VR	L N/A	Y				
	# 3 Cellar Win Sill	CW	A/M L N/A	Y				
D	Cel Win Frame	CW	L N/A	Y				
	# 3 Cel Win Sash	VR	L N/A	Y				
D	Screen Frame	VR	L N/A	Y				
	# 4 Foundation	N.C.	L N/A	Y				
D	Bulkhead		L N/A	Y				
	Fences	oo	L N/A	Y				
	Shutters		L N/A	Y				
	Newel post		L N/A	Y				
D	Railing Cap		A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower Rail		L N/A	Y				
	Treads		F L N/A	Y				
	Risers		L N/A	Y				
	Tread edge		L N/A	Y				
	Landing floor		L N/A	Y				
	Stringer		L N/A	Y				
	Lattice		L N/A	Y				
D	Drain Pipes		L N/A	Y				
	Elec Conduit		L N/A	Y				
	Oil Fill Pipe		L N/A	Y				
	Overhang Trim		L N/A	Y				
D	Support Clmns		L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				
Comments:				

Caulfield Environmental

Christine Caulfield

Master Lead Paint Inspector: License # M-1950
 243 Legate Hill Road
 Leominster, MA 01453
 (978)534-4570 Fax
 Cell (508)561-1281
caulf@comcast.net

Lead Inspection / Risk Assessment

St.# 163 Street Name JACKSON Street Type Rd Unit 2
 City Newton Zip Code 02458-1406

Owner Name: Citizens for Affordable Housing Neighborhood Development
 Owner Address: c/o Doug Desmarais: Newton Housing Rehabilitation
 Contact Information: 1000 Commonwealth Ave.
 Client Name (if different from owner): Newton, MA 02459
 Client Address: 617-796-1142

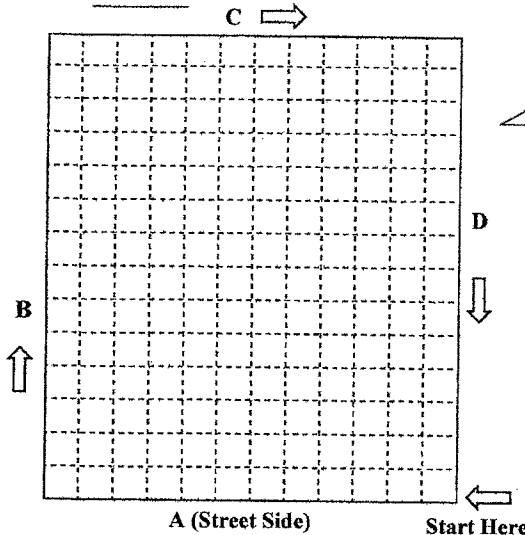
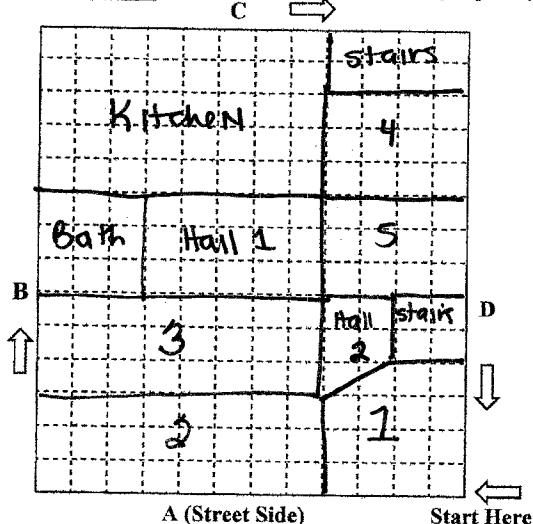
Number of Rooms in Unit: 7
 Property Type:
 Single Family
 Multi Family # of Units: 2
 Condominium # of Units: _____
 Day Care Other: _____

Key	Lead Column	Key	Delead/IC Method Column
COV	Covered	COV	Covered
DC	Drop Ceiling	DIP	Dipped
MET	Metal	ENC	Encapsulated
MR	Metal Rep. Window	INT	Intact
NA	Not Accessible	MI	Made Intact
NC	No Coating	PRE	Prepared for Enc.
Tile	Tile (testing suggested)	<input checked="" type="checkbox"/>	Component Does Not Exist
VB	Vinyl Baseboard	REM	Removed
VR	Vinyl Rep. Window	REP	Replaced
		SCR	Scraped
		SFR	Storm Frame Removed
		SLD	Sealed
		STP	Stripped
		VR/MR	Vinyl/Metal Rep Window

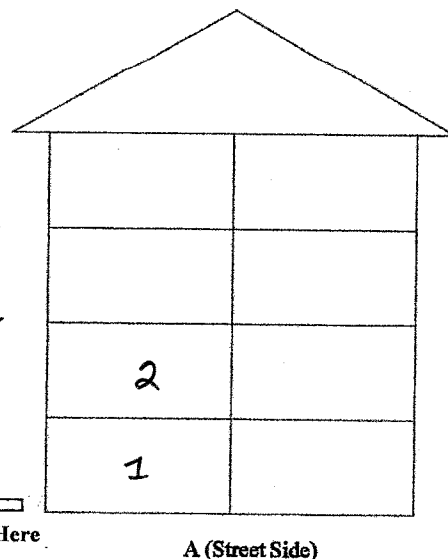
Laundry in Basement? Yes No
 Finished Space in Basement? Yes No
 Possible Pb Water Service Line
 Yes No Not Tested
 Testing Method Used
 Na₂S Expiration Date: / /
 X-Ray Fluorescence
 Model: Viken Serial # 2506
 Demarcation Lines
 Submitted for Compliance Evaluation

Comments / Notes: _____

Floor# 2 (level within building of unit being inspected) Floor# _____



Property Diagram / Unit Labels



Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.

XRF Calibration Recorded in Log Book
 Address Verified through USPS
 Research on Lead Related History for Address
www.state.ma.us/dph/elppp or 800-532-9571

- Check off when complete
- Check off when complete
- Check off when complete

Inspector's Name (print) Christine Caulfield License # M-1950 Signature Christine Caulfield Date 11/19/20
 LI/RA - revised 06/17

INSPECTION HISTORY

Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive Initial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	<u>John Young</u> , Lic# <u>3559</u>						
Signature	_____						
Lead Hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comp Initial w/Partial PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addendum (add-on to Initial Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addendum as Full Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Walk Through for Ed/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	<u>Robert DeLuca</u> , Lic# <u>1304</u>						
Signature	_____						
Lead Hazards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

INTERIM CONTROL

Visual Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dust Taken for Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						

Risk Assessment Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dust Taken for RA Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R.A. Name:	_____ , Lic# _____						
Signature	_____						

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Inspection Acting as PCAD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	<u>Christine Carelfield</u> Lic# <u>MR1970</u>						
Signature	<u>Christine Carelfield</u>						
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name:	_____ , Lic# _____						
Signature	_____						

REOCCUPANCY CERTIFICATE HISTORY

COMPLIANCE HISTORY (CONT.)

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance
No Work = No Dust Work = 7 Dust

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance
Dust wipes and auth. people

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance
No Work = No Dust Work = 7 Dust

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance
No prior history/ No signs of UD

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance
Dust wipes and auth. people

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control
No prior Comp. Expires in 1 yr.

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver
Attach to Comp Docs

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control
Expires 2 yrs from original Interim Control

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver
Attach to Comp Docs

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance
<u>080405</u> Dust wipes if No Reocc.

Inspector Name: Robert Deluca, Lic# 1304

Signature _____

UD / DES Visual Reinspection
No LOC Issued

P
 F

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance
No Work = No Dust Work = 7 Dust

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken
No LOC Issued

P
 F

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance
Dust wipes and auth. people

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken
No LOC Issued

P
 F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Final Reinspection
No LOC Issued

P
 F

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead. • "N/A" means that the inspector was not able to test the surface. The inspector must assume the surface contains lead and require it to be delead. Speak to the inspector about possible alternative testing options. • "MET" or "MR" means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be delead if they test equal to or greater than 1.0 mg/cm², or are marked "MET" or "N/A". All other metal surfaces must be intact. • For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • "M/I" circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety. • "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. • "A/M" circled means that the surface is "accessible mouthable" and must be delead to a minimum of five feet high, four inches in from the edge or corner. • "F" circled means that the surface is a "friction" surface and must be delead at all points of potential friction. • "L" circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is completed during a risk assessment, which is an evaluation of a home's suitability for Interim Control. Only a licensed risk assessor can do a risk assessment. If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and deleading is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report's cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. "N/A" means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.
RULED OUT BOX	Encapsulants only work well if the paint is in good condition. If the inspector sees that there are adhesion problems with eligible surfaces in a room, he/she will rule out encapsulation as a deleading method.

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 5 Of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

ROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y				
A B C D	Low Walls	0.0	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.3	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.3	M/I A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.2	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.3	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.4	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 6 of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt #

2

City:

Newton

ROOM # 2

continued ->

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.3	L N/A	Y				
A B C D	Low Walls	0.0	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.7	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	0.4	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.2	M/I A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.3	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.4	L N/A	Y				
D	Header Stop	0.1	M/I L N/A	Y				
	Int Stops	0.2	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

CONTINUATION OF ROOM (2)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
#1	Win Int Sash	VR	M/I L N/A	Y				
	Exterior Sill	VR	M/I SF L N/A	Y				
	Part Bead	VR	M/I L N/A	Y				
	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/I L N/A	Y				
	Int Stops		M/I L N/A	Y				
#	Win Int Sash		M/I L N/A	Y				
	Exterior Sill		M/I SF L N/A	Y				
	Part Bead		M/I L N/A	Y				
	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/I L N/A	Y				
	Int Stops		M/I L N/A	Y				
#	Win Int Sash		M/I L N/A	Y				
	Exterior Sill		M/I SF L N/A	Y				
	Part Bead		M/I L N/A	Y				
	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:								
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)								
SIDE	LOCATION	MEASURE: LOOSE PAINT		IC DATE	IC METHOD			

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/I L N/A	Y				
	Int Stops		M/I L N/A	Y				
#	Win Int Sash		M/I L N/A	Y				
	Exterior Sill		M/I SF L N/A	Y				
	Part Bead		M/I L N/A	Y				
	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/I L N/A	Y				
	Int Stops		M/I L N/A	Y				
#	Win Int Sash		M/I L N/A	Y				
	Exterior Sill		M/I SF L N/A	Y				
	Part Bead		M/I L N/A	Y				
	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:								
<input type="checkbox"/> Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems								

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Page 8 Of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

163 Jackson Rd

Ap. # 2

City: Newton

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	L N/A	Y				
A B C D	Low Walls	00	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	04	L N/A	Y				
A B C D	Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	NA	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	03	L N/A	Y				
3 4	Door Jamb	04	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door Hutch	01	L N/A	Y				
A B C D	Door Edge	01	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	01	L N/A	Y				
A B C D	Closet Door	01	L N/A	Y				Hutch
A B C D	Cl Door Edge	04	F L N/A	Y				
A B C D	Cl Casing	01	L N/A	Y				
A B C D	Closet Jamb	00	F L N/A	Y				
A B C D	Closet Walls	0.2	L N/A	Y				
A B C D	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	03	L N/A	Y				
3	Cl Supports	0.3	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	05	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	03	L N/A	Y				
D	Header Stop	04	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	03	M/I A/M L N/A	Y				
B	Win Apron	02	L N/A	Y				
C	Win Casing	08	L N/A	Y				
D	Header Stop	0.4	M/I L N/A	Y				
	Int Stops	04	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	00	L N/A	Y				
C	Win Casing	03	L N/A	Y				
D	Header Stop	02	M/I L N/A	Y				
	Int Stops	0.0	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Fireplace	/	L N/A	Y				
C D	Mantle	/	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
	Cl draws	00	F M/I A/M L N/A	Y				
	Cl frame	0.2	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

163 Jackson Rd Apt. # 2

City: Newton

CONTINUATION OF ROOM (3)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB	Door	00	L N/A	Y						Low Cab Fram	/	L N/A	Y				
CD	Door Edge	02	F L N/A	Y					AB	Low Cab Door	/	L N/A	Y				
12	Door Casing	05	L N/A	Y					CD	Low Cab Walls	/	L N/A	Y				
34	Door Jamb	04	F L N/A	Y					#	Low Cab Shlvs	/	L N/A	Y				
	Threshold	01	L N/A	Y						Supports	/	L N/A	Y				
AB	Door	/	L N/A	Y						Drawers	/	L N/A	Y				
CD	Door Edge	/	F L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
12	Door Casing	/	L N/A	Y					B	Win Apron	/	L N/A	Y				
34	Door Jamb	/	F L N/A	Y					C	Win Casing	/	L N/A	Y				
	Threshold	/	L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
AB	Door	/	L N/A	Y						Int Stops	/	M/I L N/A	Y				
CD	Door Edge	/	F L N/A	Y					#	Win Int Sash	/	M/I L N/A	Y				
12	Door Casing	/	L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
34	Door Jamb	/	F L N/A	Y						Part Bead	/	M/I L N/A	Y				
	Threshold	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
		/	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
A	Closet Door	/	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
B	Ci Door Edge	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
C	Closet Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
D	Closet Walls	/	L N/A	Y					#	Int Stops	/	M/I L N/A	Y				
#	Ci Baseboard	/	L N/A	Y						Win Int Sash	/	M/I L N/A	Y				
	Closet Pole	/	L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
	Closet Shelf	/	L N/A	Y						Part Bead	/	M/I L N/A	Y				
	Ci Supports	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
	Ci Drawers	/	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
	Ci Dr Frame	/	L N/A	Y					AB	Fireplace	/	L N/A	Y				
	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y					CD	Mantel	/	L N/A	Y				
	Closet Ceiling	/	L N/A	Y					AB	Sidelight (L)	/	L N/A	Y				
AB	Shlvs Above 5'	/	L N/A	Y					CD	Sidelight (R)	/	L N/A	Y				
AB	Cab Above 5'	/	L N/A	Y					AB	Win Above 5'	/	L N/A	Y				
AB	Cab Above 5'	/	L N/A	Y					CD	Win Above 5'	/	L N/A	Y				
CD	Up Cab Door	/	L N/A	Y								F M/I A/M L N/A					
#	Up Cab Walls	/	L N/A	Y								F M/I A/M L N/A					
	Up Cab Shlvs	/	L N/A	Y								F M/I A/M L N/A					
	Supports	/	L N/A	Y								F M/I A/M L N/A					
		/	F M/I A/M L N/A									F M/I A/M L N/A					
		/	F M/I A/M L N/A									F M/I A/M L N/A					

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd Apt. # 2

City: Newton

ROOM # 4

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Up Walls, Low Walls, Baseboards, Chair Rail, Radiator, Floor, Ceiling, Door, Door Edge, Door Casing, Door Jamb, Door Threshold, Closet Door, CI Door Edge, CI Casing, Closet Jamb, Closet Walls, CI Baseboard, Closet Pole, Closet Shelf, CI Supports, Closet Floor, Closet Ceiling.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Window Sill, Win Apron, Win Casing, Header Stop, Int Stops, Win Int Sash, Exterior Sill, Part Bead, Blind Stop, Win Ext Sash, Fireplace, Mantle, Win Above 5', Ceiling Molding.

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT, IC DATE, IC METHOD.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include F MI A/M L N/A.

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11-19-20

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd Apt. # 2

City: Newton

ROOM # 5

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Up Walls, Low Walls, Baseboards, Chair Rail, Radiator, Floor, Ceiling, Door, Door Edge, Door Casing, Door Jamb, Threshold, Closet Door, CI Door Edge, CI Casing, Closet Jamb, Closet Walls, CI Baseboard, Closet Pole, Closet Shelf, CI Supports, Closet Floor, Closet Ceiling.

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT, IC DATE, IC METHOD

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Window Sill, Win Apron, Win Casing, Header Stop, Int Stops, Win Int Sash, Exterior Sill, Part Bead, Blind Stop, Win Ext Sash.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Fireplace, Mantle, Win Above 5', Ceiling Molding.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include F M/I A/M L/N/A Y.

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson

Rd

Apt. # 2

City: Newton

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	2.7	L N/A	Y				
A B C D	Low Walls	2.9	L N/A	Y				
A B C D	Baseboards	0.4	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.4	L N/A	Y				
	Floor	CA	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B C D	Door	0.0	L N/A	Y				
C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B C D	Door stays	0.0	L N/A	Y				
C D	Door Edge	0.1	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.4	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	MI A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.3	L N/A	Y				
D	Header Stop	0.2	MI L N/A	Y				
	Int Stops	0.0	MI L N/A	Y				
1	Win Int Sash	0.1	MI L N/A	Y				casements
2	Exterior Sill	0.0	MI SF L N/A	Y				
3	Part Bead	0.2	MI L N/A	Y				
4	Blind Stop	0.2	MI SF L N/A	Y				
	Win Ext Sash	0.2	MI L N/A	Y				
A	Window Sill	0.1	MI A/M L N/A	Y				
B	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.3	L N/A	Y				
D	Header Stop	0.0	MI L N/A	Y				
	Int Stops	0.2	MI L N/A	Y				
1	Win Int Sash	VR	MI L N/A	Y				
2	Exterior Sill	VR	MI SF L N/A	Y				
3	Part Bead	VR	MI L N/A	Y				
4	Blind Stop	/	MI SF L N/A	Y				
	Win Ext Sash	VR	MI L N/A	Y				
A B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.2	L N/A	Y				
	Up Cab Walls	0.2	L N/A	Y				
1 2	Up Cab Shlvs	0.0	L N/A	Y				
3 4	Supports	0.4	L N/A	Y				
	Low Cab Fram	0.1	L N/A	Y				
A B	Low Cab Door	0.0	L N/A	Y				
C D	Low Cab Walls	0.3	L N/A	Y				
	Low Cab Shlvs	0.0	L N/A	Y				
1 2	Supports	0.1	L N/A	Y				
3 4	Drawers	0.0	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				
			F MI A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 13 of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd Apt. # 2

City: Newton

BATHROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	5.1	L N/A	Y				
A B	Low Walls	tile	L N/A	Y				
A B	Baseboards	tile	L N/A	Y				
A B	Chair Rail	tile	L N/A	Y				
AB	Radiator	04	L N/A	Y				
	Floor	tile	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C ①	Door Edge	00	F L N/A	Y				
① 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.3	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Ci Door Edge	/	F L N/A	Y				
B	Ci Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Ci Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Ci Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Cab Frame	00	L N/A	Y				
C D	Up Cab Door	0.2	L N/A	Y				
	Up Cab Walls	0.0	L N/A	Y				
① 2	Up Cab Shlvs	00	L N/A	Y				
3 4	Supports	00	L N/A	Y				
	Low Cab Fram	0.1	L N/A	Y				
A B	Low Cab Door	0.1	L N/A	Y				
C D	Low Cab Walls	0.3	L N/A	Y				
	Low Cab Shlvs	0.6	L N/A	Y				
① 2	Supports	00	L N/A	Y				
3 4	Drawers	0.0	L N/A	Y				
A	Window Sill	0.2	M/I A/M L N/A	Y				
B	Win Apron	tile	L N/A	Y				
C	Win Casing	tile	L N/A	Y				
D	Header Stop	tile	M/I L N/A	Y				
	Int Stops	tile	M/I L N/A	Y				
①	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A B	Win Above 5'	/	L NA	Y				
C D	Ceiling Molding	/	L NA	Y				
A B	Medicine Cab	.	L NA	Y				
C D		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Risk Assessor (print) Lic # Signature Date
 Address of Property: 163 Jackson Rd Apt. # 2 City: Newton
 HALLWAY: Interior # 1 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	03	L N/A	Y				
A B C D	Low Walls	03	L N/A	Y				
A B C D	Baseboards	00	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B C D	Door bath	00	L N/A	Y				
C D	Door Edge	04	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				marble
	Threshold	0.0	L N/A	Y				
A B C D	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	02	L N/A	Y				
	Door Jamb	03	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B C D	Door	00	L N/A	Y				
1 2	Door Edge	02	F L N/A	Y				
3 4	Door Casing	0.0	L N/A	Y				
	Door Jamb	0.0	F L N/A	Y				
A	Closet Door	/	L N/A	Y				
	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
D2	door	00	F M/I A/M L N/A	Y				
	edge	02	F M/I A/M L N/A	Y				
	CASING	0.1	F M/I A/M L N/A	Y				
	Jamb	0.0	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 15 of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

163 Jackson Rd

Apt. #

2

City:

Newton

HALLWAY: interior # 2 or

Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y													
A B C D	Low Walls	0.0	L N/A	Y													
A B C D	Baseboards	0.2	L N/A	Y													
A B C D	Chair Rail	/	L N/A	Y													
A B C D	Radiator	/	L N/A	Y													
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y													
	Ceiling	NA	L N/A	Y													
A B C D	Door Rm1	0.0	L N/A	Y													
	Door Edge	0.2	F L N/A	Y													
1 2	Door Casing	0.4	L N/A	Y													
3 4	Door Jamb	0.1	F L N/A	Y													
	Threshold	0.1	L N/A	Y													
A B C D	Door Rm2	0.0	L N/A	Y													
	Door Edge	0.2	F L N/A	Y													
1 2	Door Casing	0.0	L N/A	Y													
3 4	Door Jamb	0.1	F L N/A	Y													
	Threshold	0.0	L N/A	Y													
A B C D	Door Rm3	0.3	L N/A	Y													
	Door Edge	0.0	F L N/A	Y													
1 2	Door Casing	0.2	L N/A	Y													
3 4	Door Jamb	0.2	F L N/A	Y													
	Threshold	0.1	L N/A	Y													
A B C D	Door	0.1	L N/A	Y													
1 2	Door Edge	0.0	F L N/A	Y													
3 4	Door Casing	0.3	L N/A	Y													
	Door Jamb	0.1	F L N/A	Y													
	Closest Door	0.0	L N/A	Y													
A	CI Door Edge	0.0	F L N/A	Y													
B	CI Casing	0.2	L N/A	Y													
C	Closest Jamb	0.1	F L N/A	Y													
D	Closest Walls	0.3	L N/A	Y													
	CI Baseboard	0.0	L N/A	Y													
1	Closest Pole	0.1	L N/A	Y													
2	Closest Shelf	0.4	L N/A	Y													
3	CI Supports	0.2	L N/A	Y													
4	Closest Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling	NA	L N/A	Y													
	Closest Door	/	L N/A	Y													
A	CI Door Edge	/	F L N/A	Y													
B	CI Casing	/	L N/A	Y													
C	Closest Jamb	/	F L N/A	Y													
D	Closest Walls	/	L N/A	Y													
	CI Baseboard	/	L N/A	Y													
1	Closest Pole	/	L N/A	Y													
2	Closest Shelf	/	L N/A	Y													
3	CI Supports	/	L N/A	Y													
4	Closest Floor	/	L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling	/	L N/A	Y													
A	Window Sill	/	M/I A/M L N/A	Y													
B	Win Apron	/	L N/A	Y													
C	Win Casing	/	L N/A	Y													
D	Header Stop	/	M/I L N/A	Y													
	Int Stops	/	M/I L N/A	Y													
1	Win Int Sash	/	M/I L N/A	Y													
2	Exterior Sill	/	M/I SF L N/A	Y													
3	Part Bead	/	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	/	M/I L N/A	Y													
A	Window Sill	/	M/I A/M L N/A	Y													
B	Win Apron	/	L N/A	Y													
C	Win Casing	/	L N/A	Y													
D	Header Stop	/	M/I L N/A	Y													
	Int Stops	/	M/I L N/A	Y													
1	Win Int Sash	/	M/I L N/A	Y													
2	Exterior Sill	/	M/I SF L N/A	Y													
3	Part Bead	/	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	/	M/I L N/A	Y													
A B C D	Win Above 5'	/	L N/A	Y													
	Ceiling Molding	/	L N/A	Y													
D	door	0.0	F M/I A/M L N/A	Y													
	edge casing	0.1	F M/I A/M L N/A	Y													
	Jamb	0.1	F M/I A/M L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	L N/A	Y													
A B C D	Low Walls	0.1	L N/A	Y													
A B C D	Baseboards	0.1	L N/A	Y													
A B C D	Chair Rail	/	L N/A	Y													
A B C D	Radiator	/	L N/A	Y													
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y													
	Ceiling	NA	L N/A	Y													
A B C D	Door ext	00	L N/A	Y													
	Door Edge	03	F L N/A	Y													
12	Door Casing	00	L N/A	Y													
34	Door Jamb	0.2	F L N/A	Y													
	Threshold	0.4	L N/A	Y													
A B C D	Door Apt. 1	00	L N/A	Y													
	Door Edge	03	F L N/A	Y													
12	Door Casing	0.1	L N/A	Y													
34	Door Jamb	00	F L N/A	Y													
	Threshold	Met	L N/A	Y													
A B C D	Door Apt. 2	0.2	L N/A	Y													
	Door Edge	04	F L N/A	Y													
12	Door Casing	0.1	L N/A	Y													
34	Door Jamb	0.1	F L N/A	Y													
	Threshold	Met	L N/A	Y													
A B C D	Door	/	L N/A	Y													
	Door Edge	/	F L N/A	Y													
12	Door Casing	/	L N/A	Y													
34	Door Jamb	/	F L N/A	Y													
A	Closet Door	/	L N/A	Y													
	Cl Door Edge	/	F L N/A	Y													
B	Cl Casing	/	L N/A	Y													
C	Closet Jamb	/	F L N/A	Y													
D	Closet Walls	/	L N/A	Y													
	Cl Baseboard	/	L N/A	Y													
1	Closet Pole	/	L N/A	Y													
2	Closet Shelf	/	L N/A	Y													
3	Cl Supports	/	L N/A	Y													
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y													
	Closet Ceiling	/	L N/A	Y													
	Closet Door	/	L N/A	Y													
A	Cl Door Edge	/	F L N/A	Y													
B	Cl Casing	/	L N/A	Y													
C	Closet Jamb	/	F L N/A	Y													
D	Closet Walls	/	L N/A	Y													
	Cl Baseboard	/	L N/A	Y													
1	Closet Pole	/	L N/A	Y													
2	Closet Shelf	/	L N/A	Y													
3	Cl Supports	/	L N/A	Y													
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y													
	Closet Ceiling	/	L N/A	Y													
A	Window Sill	/	M/I A/M L N/A	Y													
B	Win Apron	/	L N/A	Y													
C	Win Casing	/	L N/A	Y													
D	Header Stop	/	M/I L N/A	Y													
	Int Stops	/	M/I L N/A	Y													
1	Win Int Sash	/	M/I L N/A	Y													
2	Exterior Sill	/	M/I SF L N/A	Y													
3	Part Bead	/	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	/	M/I L N/A	Y													
A	Window Sill	/	M/I A/M L N/A	Y													
B	Win Apron	/	L N/A	Y													
C	Win Casing	/	L N/A	Y													
D	Header Stop	/	M/I L N/A	Y													
	Int Stops	/	M/I L N/A	Y													
1	Win Int Sash	/	M/I L N/A	Y													
2	Exterior Sill	/	M/I SF L N/A	Y													
3	Part Bead	/	M/I L N/A	Y													
4	Blind Stop	/	M/I SF L N/A	Y													
	Win Ext Sash	/	M/I L N/A	Y													
A B C D	Win Above 5'	/	L N/A	Y													
	Ceiling Molding	/	L N/A	Y													
			F M/I A/M L N/A	Y													
			F M/I A/M L N/A	Y													
			F M/I A/M L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 17 Of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

163 Jackson Rd

Apt. # 2

City: Newton

STAIRCASE #

Front stairs 1-2 (exclusive staircase for Apt. 2)

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	L N/A	Y				
A B C D	Low Walls	0.1	L N/A	Y				
A B C D	Baseboards	0.0	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.5	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B C D	Door bottom	0.0	L N/A	Y				
A B C D	Door Edge	0.2	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	Met	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Closet Door	/	L N/A	Y				
A B C D	Cl Door Edge	/	F L N/A	Y				
A B C D	Cl Casing	/	L N/A	Y				
A B C D	Closet Jamb	/	F L N/A	Y				
A B C D	Closet Walls	/	L N/A	Y				
A B C D	Cl Baseboard	/	L N/A	Y				
1 2 3 4	Closet Pole	/	L N/A	Y				
1 2 3 4	Closet Shelf	/	L N/A	Y				
1 2 3 4	Cl Supports	/	L N/A	Y				
1 2 3 4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
1 2 3 4	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/I L N/A	Y				
	Int Stops	0.1	M/I L N/A	Y				
1	Win Int Sash	0.4	M/I L N/A	Y				stationary
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	0.0	L N/A	Y				
	Railing Cap	0.2	A/M L N/A	Y				
	Handrail	0.2	A/M L N/A	Y				
	Balusters	0.3	L N/A	Y				
	Lower rail	0.1	L N/A	Y				
	Treads	0.2	F L N/A	Y				
	Risers	0.3	L N/A	Y				
	Stringer	0.0	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 18 of 27

Inspector (print)

Lic #

Signature

Date

1 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

STAIRCASE # Rear stairs 1-2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y				
A B C D	Low Walls	03	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y				
A B C D	Chair Rail	03	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	04	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B C D	Door bsmt	00	L N/A	Y				
C D	Door Edge	01	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	03	F L N/A	Y				
	Threshold	MET	L N/A	Y				
A B C D	Door Kt.	00	L N/A	Y				
C D	Door Edge	01	F L N/A	Y				
1 2	Door Casing	00	L N/A	Y				
3 4	Door Jamb	04	F L N/A	Y				
	Threshold	MET	L N/A	Y				
A B C D	Door exit	00	L N/A	Y				
1 2	Door Edge	03	F L N/A	Y				
3 4	Door Casing	02	L N/A	Y				
	Door Jamb	01	F L N/A	Y				
	Threshold	MET	L N/A	Y				
A B C D	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Closet Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	01	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	04	F L N/A	Y				
	Risers	04	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread edge >5"	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 19 of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

PORCH C (side) 2 (floor)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	CA	L N/A	Y				
C D	Corner Boards	CA	L N/A	Y				
	Upper Trim	/	L N/A	Y				
	Ceiling	/	L N/A	Y				
	Joists	/	L N/A	Y				
	Storm Door	/	L N/A	Y				
A B	Storm Door Edge	/	F L N/A	Y				
C D	Door	00	L N/A	Y				
	Door Edge	01	F L N/A	Y				
1 2	Door Casing	CA	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	MET	L N/A	Y				
	Kickplate	CA	L N/A	Y				
	Storm Door	/	L N/A	Y				
A B	Storm Door Edge	/	F L N/A	Y				
C D	Door	/	L N/A	Y				
	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Kickplate	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
	Support Clms	/	L N/A	Y				
	Newel post	02	L N/A	Y				
	Railing Cap	00	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	00	L N/A	Y				
	Lower Rail	00	L N/A	Y				
	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Lower Walls	/	L N/A	Y				
	Lattice	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust)* N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				

(dust)* - Applies only to porches used as interior space

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

Apt. # 2

City: Newton

STAIRCASE # Apt 2 to Basement

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	05	L N/A	Y				
A B C D	Low Walls	05	L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.4	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door TOP	0.4	L N/A	Y				
C D	Door Edge	0.4	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	0.2	L N/A	Y				
	Railing Cap	0.0	A/M L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.0	F L N/A	Y				
	Risers	0.1	L N/A	Y				
	Stringer	0.2	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	0.5	L N/A	Y				
	Floor Casing	0.5	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Inspector (print)

Lic #

Signature

Date

1/1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt # 2

City: Newton

CA

BASEMENT/LAUNDRY AREA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
ABCD	Walls	04	L N/A	Y				
ABCD	Walls	00	L N/A	Y				
ABCD	Walls	03	L N/A	Y				
ABCD	Walls	04	L N/A	Y				
ABCD	Baseboards	/	L N/A	Y				
ABCD	Chair rails	/	L N/A	Y				
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	04	L N/A	Y				
ABCD	Chimney	02	L N/A	Y				
ABCD	Support Column	04	L N/A	Y				
AB	Door	NC	L N/A	Y				Storage
CD	Door Edge	NC	F L N/A	Y				Cubby area
12	Door Casing	NC	L N/A	Y				
34	Door Jamb	NC	F L N/A	Y				
	Threshold	/	L N/A	Y				
AB	Door	NC	L N/A	Y				Storage
CD	Door Edge	NC	F L N/A	Y				Cubby area
12	Door Casing	NC	L N/A	Y				
34	Door Jamb	NC	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
B	Ci Door Edge	/	F L N/A	Y				
C	Ci Casing	/	L N/A	Y				
D	Closet Jamb	/	F L N/A	Y				
	Closet Walls	/	L N/A	Y				
	Ci Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	Ci Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
ABCD	Cabinets	/	L N/A	Y				
AB	Benches	/	L N/A	Y				
CD	Supports	/	L N/A	Y				
ABCD	Pipes	00	L N/A	Y				
ABCD	Sink	/	L N/A	Y				
ABCD	Drainpipe	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
ABCD	Serviceboard	NC	L N/A	Y				
AB	Shelves	/	L N/A	Y				
CD	Supports	/	L N/A	Y				
AB	Shelves	/	L N/A	Y				
CD	Supports	/	L N/A	Y				
AB	Shelves	/	L N/A	Y				
CD	Supports	/	L N/A	Y				
AB	Shelves	/	L N/A	Y				
CD	Supports	/	L N/A	Y				
A(B)	Window frame	NC	M/I	L N/A	Y			X3
CD	Window Sash	VR	M/I	L N/A	Y			
12	Exterior Sill	VR	M/I	L N/A	Y			
34	Part Bead	VR	M/I	L N/A	Y			
	Win Ext Sash	VR	M/I	L N/A	Y			
AB	Window frame	NC	M/I	L N/A	Y			X3
CD	Window Sash	VR	M/I	L N/A	Y			
12	Exterior Sill	VR	M/I	L N/A	Y			
34	Part Bead	VR	M/I	L N/A	Y			
	Win Ext Sash	VR	M/I	L N/A	Y			
AB	Window frame	/	M/I	L N/A	Y			
CD	Window Sash	/	M/I	L N/A	Y			
12	Exterior Sill	/	M/I	L N/A	Y			
34	Part Bead	/	M/I	L N/A	Y			
	Win Ext Sash	/	M/I	L N/A	Y			
	Newel Posts	/	L N/A	Y				
AB	Handrail	/	A/M	L N/A	Y			
CD	Balusters	/	L N/A	Y				
12	Lower rail	/	L N/A	Y				
34	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
ABCD	Oil Tank	/	L N/A	Y				
ABCD	Win Above 5'	/	L N/A	Y				
	Barn board	/	F M/I A/M L N/A	Y				
	Wall in	/	F M/I A/M L N/A	Y				
	Center	02	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

Comments/Structural Defects

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 22 of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

PORCH A (side) 1 (floor)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	CN	L N/A	Y				
C D	Corner Boards	CN	L N/A	Y				
	Upper Trim	28.1	(L) N/A	Y				
	Ceiling	05	L N/A	Y				
	Joists	29.5	(L) N/A	Y				
A B	Storm Door	/	L N/A	Y				
A B	Strm Door Edge	/	F L N/A	Y				
D D	Door	00	L N/A	Y				
	Door Edge	02	F L N/A	Y				
1 2	Door Casing	30.7	(L) N/A	Y	Header			
3 4	Door Jamb	21.2	F (L) N/A	Y				
	Threshold	12	(L) N/A	Y				
	Kickplate	/	L N/A	Y				
A B	Storm Door	/	L N/A	Y				
A B	Strm Door Edge	/	F L N/A	Y				
C D	Door	00	L N/A	Y				
	Door Edge	02	F L N/A	Y				
1 2	Door Casing	20.1	L N/A	Y				
3 4	Door Jamb	21.2	F L N/A	Y				
	Threshold	15	L N/A	Y				
	Kickplate	/	L N/A	Y				
A B	Window Sill	CN	A/M L N/A	Y				
C D	Win Casing	CN	L N/A	Y				
1 2	Window Sash	VR	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	CN	A/M L N/A	Y				
C D	Win Casing	CN	L N/A	Y				
1 2	Window Sash	VR	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	CN	A/M L N/A	Y				
C D	Win Casing	CN	L N/A	Y				
1 2	Window Sash	VR	L N/A	Y				
3 4	Mullions	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Window Sill	CN	A/M L N/A	Y				
C D	Win Casing	CN	L N/A	Y				
1 2	Window Sash	VR	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
	Support Clmns	29.3	(L) N/A	Y				
	Newel post	00	L N/A	Y				
	Railing Cap	02	A/M L N/A	Y				
	Handrail	01	A/M L N/A	Y				
	Balusters	01	L N/A	Y				
	Lower Rail	01	L N/A	Y				
	Treads	00	F L N/A	Y				
	Risers	03	L N/A	Y				
	Stringer	01	L N/A	Y				
	Tread Edge	01	L N/A	Y				
	Lower Walls	CN	L N/A	Y				
	Lattice	00	L N/A	Y				
	Lower Trim	00	L N/A	Y				
	Floor	01	L (dust)* N/A	Y				
	Lattice	/	F M/I A/M L N/A	Y				
	lower	/	F M/I A/M L N/A	Y				
	walls	00	F M/I A/M L N/A	Y				
	trim	/	F M/I A/M L N/A	Y				
	Grand	/	F M/I A/M L N/A	Y				
	lattice	/	F M/I A/M L N/A	Y				
	lower	/	F M/I A/M L N/A	Y				
	walls	00	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
 * Columns test 0.6 below 5'
 + 29.3 above 5'

(dust)* - Applies only to porches used as interior space
 COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 163 Jackson Rd

Apt. # 2

City: Newton

PORCH C (side) 1 (floor)

CA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	
A B	Siding	00	L N/A	Y					A B	Window Sill	/	A/M	L N/A	Y				
C D	Corner Boards	00	L N/A	Y					C D	Win Casing	/		L N/A	Y				
	Upper Trim	00	L N/A	Y					1 2	Window Sash	/		L N/A	Y				
	Ceiling	02	L N/A	Y					3 4	Mullions	/		L N/A	Y				
	Joists	02	L N/A	Y					A B	Window Sill	/	A/M	L N/A	Y				
	Storm Door	/	L N/A	Y					C D	Win Casing	/		L N/A	Y				
A B	Storm Door Edge	/	F	L N/A	Y				1 2	Window Sash	/		L N/A	Y				
C D	Door	00	L N/A	Y					3 4	Mullions	/		L N/A	Y				
	Door Edge	01	F	L N/A	Y					Support Cimms	02		L N/A	Y				
1 2	Door Casing	03	L N/A	Y						Newel post	00		L N/A	Y				
3 4	Door Jamb	01	F	L N/A	Y					Railing Cap	NC	A/M	L N/A	Y				
	Threshold	met	L N/A	Y						Handrail	00	A/M	L N/A	Y				
	Kickplate	06	L N/A	Y						Balusters	NC		L N/A	Y				
	Storm Door	/	L N/A	Y						Lower Rail	NC		L N/A	Y				
A B	Storm Door Edge	/	F	L N/A	Y					Treads	NC	F	L N/A	Y				
C D	Door	04	L N/A	Y						Risers	04		L N/A	Y				
	Door Edge	01	F	L N/A	Y					Stringer	04		L N/A	Y				
1 2	Door Casing	00	L N/A	Y						Tread Edge	/		L N/A	Y				
3 4	Door Jamb	02	F	L N/A	Y					Lower Walls	/		L N/A	Y				
	Threshold	met	L N/A	Y						Lattice	02		L N/A	Y				
	Kickplate	01	L N/A	Y						Lower Trim	01		L N/A	Y				
A B	Window Sill	/	A/M	L N/A	Y					Floor	NC	<input type="checkbox"/> (dust)*	N/A	Y				
C D	Win Casing	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
1 2	Window Sash	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
3 4	Mullions	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
A B	Window Sill	/	A/M	L N/A	Y								F/M/A	A/M	L N/A	Y		
C D	Win Casing	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
1 2	Window Sash	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
3 4	Mullions	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
A B	Window Sill	/	A/M	L N/A	Y								F/M/A	A/M	L N/A	Y		
C D	Win Casing	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
1 2	Window Sash	/	L N/A	Y									F/M/A	A/M	L N/A	Y		
3 4	Mullions	/	L N/A	Y									F/M/A	A/M	L N/A	Y		

COMMENTS / STRUCTURAL DEFECTS:

(dust)* - Applies only to porches used as interior space
COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 24 Of 27

Inspector (print)

Lic#

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property:

163 Jackson Rd

Apt. #

2

City: Newton

EXTERIOR A Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	CW	L N/A	Y				
A	Corner Boards	CW	L N/A	Y				
A	Lower Trim	CW	L N/A	Y				
A	Upper Trim	CW	L N/A	Y				
A	Win Above 5'	CW / VR	L N/A	Y				
A	Porch Above 5'	NA	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
A	Door Jamb	/	F L N/A	Y				
A	Threshold	/	L N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
A				
A				
A				
A				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	A/M L N/A	Y				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Foundation	CW	L N/A	Y				
A	Bulkhead	/	L N/A	Y				
A	Fences	OR	L N/A	Y				
A	Shutters	/	L N/A	Y				
A	Newel post	/	L N/A	Y				
A	Railing Cap	/	A/M L N/A	Y				
A	Handrail	/	A/M L N/A	Y				
A	Balusters	/	L N/A	Y				
A	Lower Rail	/	L N/A	Y				
A	Treads	/	F L N/A	Y				
A	Risers	/	L N/A	Y				
A	Tread edge	/	L N/A	Y				
A	Landing floor	/	L N/A	Y				
A	Stringer	/	L N/A	Y				
A	Lattice	/	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
A	Elec Conduit	/	L N/A	Y				
A	Oil Fill Pipe	/	L N/A	Y				
A	Overhang Trim	/	L N/A	Y				
A	Lamp Post	/	L N/A	Y				
A		/	F M/A L N/A	Y				
A		/	F M/A L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. #

2

City: Newton

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	CW	L N/A	Y				
B	Corner Boards	CW	L N/A	Y				
B	Lower Trim	CW	L N/A	Y				
B	Upper Trim	CW	L N/A	Y				
B	Win Above 5'	CW/VR	L N/A	Y				
B	Porch Above 5'	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door Small	0.0	L N/A	Y				
B	Door Edge	0.1	F L N/A	Y				
B	Door Casing	0.0	L N/A	Y				
B	Door Jamb	0.2	F L N/A	Y				
B	Threshold	0.1	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
B	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Door	/	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
B	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
B	Window Sash	/	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
B	Window Sash	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
B				
B				
B				
B				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
B	Window Sash	/	L N/A	Y				
B	Cellar Win Sill	CW	A/M L N/A	Y				
B	Cel Win Frame	CW	L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
B	Screen Frame	VR	L N/A	Y				
B	Cellar Win Sill	CW	A/M L N/A	Y				
B	Cel Win Frame	CW	L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
B	Screen Frame	VR	L N/A	Y				
B	Cellar Win Sill	CW	A/M L N/A	Y				
B	Cel Win Frame	CW	L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
B	Screen Frame	VR	L N/A	Y				
B	Foundation	N-C	L N/A	Y				
B	Bulkhead	/	L N/A	Y				
B	Fences	0.0	L N/A	Y				
B	Shutters	/	L N/A	Y				
B	Newel post	/	L N/A	Y				
B	Railing Cap	/	A/M L N/A	Y				
B	Handrail	/	A/M L N/A	Y				
B	Balusters	/	L N/A	Y				
B	Lower Rail	/	L N/A	Y				
B	Treads	/	F L N/A	Y				
B	Risers	/	L N/A	Y				
B	Tread edge	/	L N/A	Y				
B	Landing floor	/	L N/A	Y				
B	Stringer	/	L N/A	Y				
B	Lattice	/	L N/A	Y				
B	Drain Pipes	/	L N/A	Y				
B	Elec Conduit	/	L N/A	Y				
B	Oil Fill Pipe	/	L N/A	Y				
B	Overhang Trim	/	L N/A	Y				
B	Support Clmns	/	L N/A	Y				
B		.	F M/ A/M L N/A	Y				
B		.	F M/ A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 26 Of 27

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 163 Jackson Rd

Apt. #

2

City: Newton

EXTERIOR C Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH		
C	Siding	COV	L N/A	Y					C	Window Sill	/	A/M L N/A	Y						
	Corner Boards	COV	L N/A	Y						Win Casing	/	L N/A	Y						
	Lower Trim	COV	L N/A	Y						Window Sash	/	L N/A	Y						
	Upper Trim	COV	L N/A	Y						C	Cellar Win Sill	/	A/M L N/A	Y					
	Win Above 5'	NA	L N/A	Y							Cel Win Frame	/	L N/A	Y					
	Porch Above 5'	/	L N/A	Y							Cel Win Sash	/	L N/A	Y					
C	Storm Door	/	L N/A	Y					C	Screen Frame	/	L N/A	Y						
	Strm Door Edge	/	F L N/A	Y						Cellar Win Sill	/	A/M L N/A	Y						
	Door	/	L N/A	Y						Cel Win Frame	/	L N/A	Y						
	1 2 3 4	Door Edge	/	F L N/A	Y					C	Cel Win Sash	/	L N/A	Y					
		Door Casing	/	L N/A	Y						Screen Frame	/	L N/A	Y					
		Door Jamb	/	F L N/A	Y						C	Cellar Win Sill	/	A/M L N/A	Y				
		Threshold	/	L N/A	Y					Cel Win Frame		/	L N/A	Y					
		Kickplate	/	L N/A	Y					Cel Win Sash		/	L N/A	Y					
Storm Door		/	L N/A	Y					Screen Frame	/		L N/A	Y						
C		Strm Door Edge	/	F L N/A	Y					C	Foundation	00	L N/A	Y					
	Door	/	L N/A	Y					Bulkhead		/	L N/A	Y						
	Door Edge	/	F L N/A	Y					Fences		/	L N/A	Y						
	1 2 3 4	Door Casing	/	L N/A	Y					C	Shutters	/	L N/A	Y					
		Door Jamb	/	F L N/A	Y						Newel post	/	L N/A	Y					
		Threshold	/	L N/A	Y						Railing Cap	/	A/M L N/A	Y					
		Kickplate	/	L N/A	Y						Handrail	/	A/M L N/A	Y					
Door		/	L N/A	Y					Balusters		/	L N/A	Y						
C	Door Edge	/	F L N/A	Y					C	Lower Rail	/	L N/A	Y						
	Door Casing	/	L N/A	Y						Treads	/	F L N/A	Y						
	Door Jamb	/	F L N/A	Y						Risers	/	L N/A	Y						
	Threshold	/	L N/A	Y						Tread edge	/	L N/A	Y						
	Kickplate	/	L N/A	Y						Landing floor	/	L N/A	Y						
	Window Sill	/	A/M L N/A	Y						Stringer	/	L N/A	Y						
C	Win Casing	/	L N/A	Y					C	Lattice	/	L N/A	Y						
	Window Sash	/	L N/A	Y						Drain Pipes	/	L N/A	Y						
	Window Sill	/	A/M L N/A	Y						Elec Conduit	/	L N/A	Y						
C	Win Casing	/	L N/A	Y					C	Oil Fill Pipe	/	L N/A	Y						
	Window Sash	/	L N/A	Y						Overhang Trim	/	L N/A	Y						
	Window Sill	/	A/M L N/A	Y						Support Cmnns	/	L N/A	Y						
COMMENTS / STRUCTURAL DEFECTS:									C		/	F M/A A/M L N/A	Y						
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)										C		/	F M/A A/M L N/A	Y					
											C		/	F M/A A/M L N/A	Y				
SIDE	LOCATION	MEASURE: LOOSE PAINT			IC DATE	IC METHOD	Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)												
C							LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE		REMED METH							
C							Play Area												
C							Bare Soil												
C							Comments:												

Christine Caulfield

M-1950

Christine Caulfield

11/19/20

Page 27 Of 27

Inspector (print)

Lic#

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property:

163 Jackson Rd

Apt. #

2

City: Newton

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	CW	L N/A	Y				
	Corner Boards	CW	L N/A	Y				
	Lower Trim	CW	L N/A	Y				
	Upper Trim	CW	L N/A	Y				
	Win Above 5'	CW / VR	L N/A	Y				
	Porch Above 5'		L N/A	Y				
D	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
D	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
D	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
D	Window Sill		A/M L N/A	Y				
	# Win Casing		L N/A	Y				
	Window Sash		L N/A	Y				
	D	Window Sill		A/M L N/A	Y			
# Win Casing			L N/A	Y				
Window Sash			L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Window Sill		A/M L N/A	Y				
	Win Casing		L N/A	Y				
	# Window Sash		L N/A	Y				
D	Cellar Win Sill	CW	A/M L N/A	Y				
	# 1 Cel Win Frame	CW	L N/A	Y				
	Cel Win Sash	VR	L N/A	Y				
D	Screen Frame	VR	L N/A	Y				
	Cellar Win Sill	CW	A/M L N/A	Y				
	# 2 Cel Win Frame	CW	L N/A	Y				
D	Cel Win Sash	VR	L N/A	Y				
	Screen Frame	VR	L N/A	Y				
	Cellar Win Sill	CW	A/M L N/A	Y				
D	Cel Win Frame	CW	L N/A	Y				
	# 3 Cel Win Sash	VR	L N/A	Y				
	Screen Frame	VR	L N/A	Y				
D	Foundation	N.C.	L N/A	Y				
	Bulkhead		L N/A	Y				
	Fences	0 0	L N/A	Y				
	Shutters		L N/A	Y				
D	Newel post		L N/A	Y				
	Railing Cap		A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower Rail		L N/A	Y				
	Treads		F L N/A	Y				
	Risers		L N/A	Y				
	Tread edge		L N/A	Y				
	Landing floor		L N/A	Y				
	Stringer		L N/A	Y				
Lattice		L N/A	Y					
D	Drain Pipes		L N/A	Y				
	Elec Conduit		L N/A	Y				
	Oil Fill Pipe		L N/A	Y				
	Overhang Trim		L N/A	Y				
D	Support Clms		L N/A	Y				
D			F M/ A/M L N/A	Y				
D			F M/ A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
D				
D				
D				
D				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments: