

Exhibit 24-1
Lead-Based Paint Compliance

Guide for Review of Lead-Based Paint Compliance in Properties Receiving Federal Rehabilitation Assistance			
Name of Program Participant: Click or tap here to enter text.			
Program Participant Staff Consulted: Click or tap here to enter text.			
Name of HUD Grant Program Reviewed: Click or tap here to enter text.			
Owner Name and Address of Assisted Project: Click or tap here to enter text.		Date Funds Awarded: Click or tap to enter a date.	
Name(s) of HUD Reviewer(s):	Click or tap here to enter text.	Date of Review:	Click or tap to enter a date.

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFO, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."

Instructions: This Exhibit is designed to monitor rehabilitation activities for the program overall and for individual rehabilitation projects. This Exhibit is divided into six sections to be used as follows:

- Section A, *Program Reviews*, is for reviewing the program's overall compliance;
- Section B, *File Review*, is for reviewing requirements that apply to all rehabilitation projects;
- Section C, *Specific Requirements for Levels of Rehabilitation Assistance*, applies based upon the amount of rehabilitation assistance provided for the project file selected for review. This section contains three levels: individual projects receiving rehabilitation assistance up to \$5,000 per project; projects receiving rehabilitation assistance over \$5,000 and up to \$25,000 per unit; and projects receiving rehabilitation assistance over \$25,000 per unit;
- Section D applies to HOME rental projects;
- Section E applies to rehabilitation in insular areas; and
- Section F is included to provide a summary listing of any identified findings or concerns.

The definition of each level of assistance can be found at [24 CFR 35.915](#). If you select "N/A" for your response, please explain why the question does not apply. Information on LBP sampling guidance and developing corrective actions is given in Chapter 24, Section 24-6. Copies of monitoring reports addressing lead-based paint, including completed Exhibits, are to be sent to the Office of Lead Hazard and Healthy Homes Program and Regulatory Support Division, Division, per Section 24-5.A of the introductory text to this Chapter.

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Program Areas to Review

Instructions: Check the program areas reviewed during monitoring:

- A. ☐ Program Review;
- B. ☐ Individual File Review;
- C. ☐ Specific Requirements for Rehabilitation Assistance;
- D. ☐ For HOME Rental Projects Only;
- E. ☐ For Insular Areas Only; and
- F. ☐ Exhibit Summary

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A. Program Review

1.

Does the program consistently and accurately assess projects for possible exemption from the requirements of 24 CFR 35 ? [24 CFR 35.115]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

2.

Does the program participant have staff that is knowledgeable about HUD's lead-based paint regulations and EPA's Renovation, Repair, and Painting Rule (RRP)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

3.

Does the program ensure that lead safe work and RRP practices are used during rehabilitation work on painted surfaces larger than the <i>de minimis</i> amounts [specified in 24 CFR 35.1350(d)] that are known or presumed to have lead, and is all disturbed paint routinely and properly repaired? [24 CFR 35.930(b)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

4.

Where the Lead Safe Housing Rule requires temporary relocation, does the program ensure that occupants are relocated to units free of lead hazards and their belongings are protected? [24 CFR 35.1345(a)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

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5.

Does the program ensure that the Lead Safe Housing Rule (LSHR) and Lead Renovation, Repair, and Painting (RRP) requirements regarding worker and occupant safety are shared with the entities and individuals who perform the rehabilitation work on painted surfaces, such as contractors and subrecipients (e.g., subgrantees, nonprofits, Community Housing Development Organizations, Community Development Corporations, and volunteer groups)? [24 CFR 35.900(a)] and (b); 24 CFR 35.1350 and 24 CFR 35.1345]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

B. Individual File Review

Instructions: Answer these questions for each project file reviewed.

Name of Program Participant or Entity Carrying Out the Rehabilitation Project: Click or tap here to enter text.

6.

Was this specific rehabilitation project evaluated for applicability of the Lead Safe Housing Rule and RRP? <ul style="list-style-type: none"> (If the response is “yes” AND the project meets the regulatory exemption standards, describe your basis for that conclusion and STOP HERE. If “yes” and the project is <u>not</u> exempt, or if “no” (presume the project is not exempt), continue with the remaining questions in this Section B as well as the Section that applies to the level of rehabilitation assistance provided to this project.) [24 CFR 35.115]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

7.

Was the level of rehabilitation assistance (or total amount of Federal housing assistance) for this project calculated correctly and documented in the project file? [24 CFR 35.915]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

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8.

Does the project file include the following documents (to be kept for at least three years) necessary to demonstrate compliance with the requirements of the Lead Safe Housing Rule:		
a. Documentation of receipt by homeowner or occupant of the Lead Hazard Information and RRP Pamphlets? [24 CFR 35.910(b)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	N/A
Describe Basis for Conclusion: Click or tap here to enter text.		

b. Notices to Residents: Notice of Lead Hazard Evaluation (if paint testing was performed) or a Notice of Presumption (if no paint testing was performed). NOTE: If interim controls or abatement are electively performed at this level of rehabilitation assistance, then a Notice of Lead Hazard Reduction must be provided to the residents. [24 CFR 35.910(a)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	N/A
Describe Basis for Conclusion: Click or tap here to enter text.		

c. A paint testing report (if testing was performed) performed by a certified lead-based paint inspector or risk assessor? [24 CFR 35.930(b)(1)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	N/A
Describe Basis for Conclusion: Click or tap here to enter text.		

d. A clearance report showing the unit, or unit and the worksite if the work was contained, passed clearance (if lead-based paint is known or presumed to be in the unit and the amount of material to be disturbed is above the <i>de minimis</i> threshold)? [24 CFR 35.1340(c)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	N/A
Describe Basis for Conclusion: Click or tap here to enter text.		

9.

a. Was work performed on painted surfaces above the <i>de minimis</i> threshold amount where lead-based paint was known or presumed present in the work area? (If the answer is “no,” skip the rest of question 9.)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	N/A
Describe Basis for Conclusion: Click or tap here to enter text.		

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b. Based on your review, were occupants and their belongings protected during work (e.g., documentation of relocation, language in rehabilitation contract, homeowners' agreement, or other appropriate document)? [24 CFR 35.1345]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

c. Based on your review, were firms that did the work (this may be the property owner and/or other firms), the supervisors, and workers certified for abatement or RRP, as applicable, with workers using lead safe work or RRP practices as applicable, if the work was larger than the <i>de minimis</i> amounts (e.g., on-site reviews during work, a signed certification by the contractor)? NOTE: Intent to use lead-safe practices does not satisfy this requirement. [24 CFR 35.930(b)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

C. Specific Requirements For Rehabilitation Assistance

Instructions: Select the question that applies to the level of assistance provided.

For Rehabilitation Assistance Up to and Including \$5,000 Per Unit

10.

Did the project include paint testing for lead-based paint and, if any was present, repair, using lead safe work practices, of all painted surfaces disturbed during rehabilitation? [24 CFR 35.930(b)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

For Rehabilitation Assistance Over \$5,000 and Up to \$25,000 Per Unit

11.

a. Was a risk assessment report obtained or were lead-based paint hazards presumed? [24 CFR 35.930(c)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	
b. Were interim controls conducted or were standard treatments used if hazards were presumed for all paint disturbed and lead-based paint hazards identified in the risk assessment for the property? [24 CFR 35.930(c)(3)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

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For Rehabilitation Assistance Over \$25,000 Per Unit

12.

a. Was a risk assessment report obtained or were lead-based paint hazards presumed? [24 CFR 35.930(d)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	
b. Was abatement conducted of all lead-based paint hazards identified by the risk assessment or presumed to be present, and for paint disturbed by the rehabilitation? [24 CFR 35.980(d)(3)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

D. For HOME Rental Projects Only

13.

During its monitoring for compliance with property standards during the period of affordability, does the program participant review HOME rental project owners' records to ensure that ongoing lead-based paint maintenance is being performed in accordance with 24 CFR 35.1355(a) ? [24 CFR 35.935; 24 CFR 92.251(f); 24 CFR 92.504(d)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

14.

Does the project owner take appropriate action when a child under age 6 with an elevated blood lead level (5 µg/dL) is identified, including proper evaluation (environmental investigation within 15 days of notice by health department or other medical health care provider), reduction of hazards (within 30 days of owner's receipt of environmental investigation report), and notification steps (evaluation and hazard reduction within 15 days of the activity)? [24 CFR 35.935]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: Click or tap here to enter text.	

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E. For Insular Areas Only

Instructions: Answer the question below for projects covered by the Lead Safe Housing Rule. Additional files may need to be selected in order to review for lead-based paint compliance in projects that are covered.

15.

<p>a. Based on this review, were firms, supervisors, and workers certified and did workers use lead safe work practices (e.g., on-site reviews during work or a signed certification by the contractor)?</p> <p style="text-align: center;">NOTE: Intent to use lead safe work practices does not satisfy this requirement. [24 CFR 35.940(a) or 24 CFR 35.940(b)(2); 24 CFR 35.1350(b)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion: Click or tap here to enter text.</p>	
<p>b. <i>If the rehabilitation assistance was above \$5,000 per unit</i>, was a visual assessment for the deteriorated paint performed, and was all deteriorated paint stabilized? [24 CFR 35.940(b); 24 CFR 35.1340]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion: Click or tap here to enter text.</p>	
<p>c. Did the clearance report show the unit (or the worksite, if it was contained) passed clearance (if lead-based paint is known or was presumed to be in the unit and the amount of material to be disturbed was above the <i>de minimis</i> threshold)? [24 CFR 35.940(a)(2) or 24 CFR 35.940(b)(3); 24 CFR 35.1340]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
<p>Describe Basis for Conclusion: Click or tap here to enter text.</p>	

F. Exhibit Summary

16.

<p>For any findings or concerns identified in this Exhibit, list the number of the question below in the appropriate column:</p>	
<p>Finding Question #:</p>	<p>Concern Question #:</p>