Form 13.2 Lead-Based Paint Encapsulation Visual Monitoring Form

Name of Person Performing Visual Monitoring_____

License or Certificate Number (If Applicable) _____

Complete Address of Dwelling _____

Date Encapsulant was Applied _____

Date of Last Evaluation _____

Today's Date _____

Room	Surface Location	Substrate	Name and/or Formulation of Encapsulant	Observations	Pass/ Fail

Signature_____

Printed Name_____