

**Form 5.7 Format for an Executive Summary of a Lead Hazard Risk Assessment.**

Property address: \_\_\_\_\_ Date of risk assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building or Apt. Designation: \_\_\_\_\_

**Summary of Results:** (either) No lead-based paint (LBP) hazards were found *-or-* Lead-based paint (LBP) hazards were found; below is a summary of findings.

**Paint-Lead Hazards:** (if applicable)

Unit Number Common Area, or Exterior Location	Room or Room Equivalent	Building Component	Type of Hazard*	Lead Level (mg/cm <sup>2</sup> or µg/g)**	Options for Corrective Action

\* LBP on friction surface with dust-lead hazard beneath, impact surface, chewable surface with teeth marks, or other deteriorated LBP.

\*\* Milligrams per square centimeter (mg/cm<sup>2</sup>), or micrograms per gram (µg/g; parts per million; ppm). NOTE: EPA standard for LBP: 1.0 mg/cm<sup>2</sup>, or 5,000 µg/g.

**Dust-Lead Hazards:** (if applicable)

Unit Number or Common Area	Room or Room Equivalent	Surface*	Lead Level (µg/ft <sup>2</sup> )**	Options for Corrective Action

\* Floor, or interior window sill.

\*\* Micrograms per square foot (µg/ft<sup>2</sup>)

NOTE: EPA dust-lead hazard standards: 40 µg/ft.<sup>2</sup> (floors); 250 µg/ft.<sup>2</sup> (interior window sills).

**Summary of Results: Soil-Lead Hazards (bare soil only):** (if applicable)

Type of Area*	Location	Lead Level (ppm or µg/g)**	Options for Corrective Action

\* Play area, dripline/foundation area, or rest of the yard.

\*\* Parts per million, or micrograms per gram.

EPA standards: 400 ppm (play areas); 1,200 ppm (non-play areas in the dripline/foundation area or the rest of the yard).

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***Intact Paint Surfaces With Lead-Based Paint:*** (if client has requested additional testing)

<b>Unit Number, Common Area, or Exterior Location</b>	<b>Room or Room Equivalent</b>	<b>Building Component</b>	<b>Lead Level (mg/cm<sup>2</sup>)*</b>	<b>Options for Corrective Action</b>

\* NOTE: EPA standard for LBP: 1.0 mg/cm<sup>2</sup>, or 5,000 µg/g.

Contact Person for Further Information (name, address, phone number):

\_\_\_\_\_  
\_\_\_\_\_

Person Who Prepared This Summary (printed name, firm/agency, address, phone number, state/EPA RA certification number and expiration date):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Preparer and date:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_