

Lead Safe Renovation Program
Trail Area Lead Safe Contractor
Lead Safety Discussion and Evaluation Form

Company: _____
 Owner/Contact name: _____
 Address: _____
 Phone Number: _____
 Email: _____
 Types of Work: _____

Project:

What are the potential sources of dust on this project?

How will you set up your project to be Lead Safe, and how will you keep dust out of other areas of the home/yard?

How will you minimize dust while you work on this project?

How will you do a Lead Safe clean up after the project?

How will you keep yourself, your employees, your family and their families safe from lead dust?

My Company, _____, will use Lead Safe Renovation practices during our projects to keep dust down and keep everyone safe from renovation dust.

_____ Printed Name _____ Signature _____ Date

Evaluated by:		Renewal date:	
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