Relocation Screening Sheet for Projects with Lead Hazard Reduction Activities

Property Address:____________________________ Owner:____________________________

Relocation for this project is: (check one)

______________ Required (All items listed in Section A will be performed and appropriate documents will be attached.)

______________ Not required due to circumstances listed in Section B.

Note: If circumstances change, relocation may be required.

A. Relocation of occupants is required and the following activities will occur for occupant protection:

- Occupants will not be permitted to enter the worksite during hazard reduction activities.
- Occupants will be temporarily relocated to a lead-safe unit before and during hazard reduction activities for their protection.
- Dwelling unit and worksite will be secured against unauthorized entry.
- Occupants’ belongings in a containment area will be relocated to a secure area outside the containment area or covered with appropriate materials.

B. Relocation of occupants is not required due to the following circumstances:

- Work will not disturb lead-based paint, or involve any lead dust hazard reduction activities.
- Work in the interior of the unit will be completed within one period in eight daytime hours, the site will be contained, and the work will not create other safety, health, or environmental hazards.
- Only the building’s exterior will be treated; the windows, doors, ventilation intakes, and other openings near the worksite will be sealed during hazard reduction activities and cleaned afterward; and a lead-free entry will be provided.
- Treatment will be completed within five calendar days; the work area will be sealed; at the end of each day, the area within 10 feet of the containment area will be cleared of debris and cleaned; at the end of each day, occupants will have safe access to sleeping areas, bathroom, and kitchen facilities; and treatment will not create other safety, health, or environmental hazards.
- Occupants are elderly and have signed an Elderly Waiver for Relocation (attached).

__________________________  _______________  _____________________________
Owner Signature             Date                             City of____ Representative  Date