

LEAD PAINT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Visual Assessment

- Yes No — Paint is free from peeling, chipping, or cracking
- Yes No — No visible dust or debris on floors and sills
- Yes No — Friction surfaces operate without abrading paint
- Yes No — Substrate material appears sound and intact

Interior Surfaces

- Yes No — Walls and ceilings show no signs of deterioration
- Yes No — Window troughs and sills are clean and sealed
- Yes No — Door frames and trim are free of impact damage
- Yes No — Baseboards and molding are securely attached

Exterior Surfaces

- Yes No — Siding and exterior trim are free of paint failure
- Yes No — Porch floors and railings are intact and smooth

Yes No — No bare soil is visible near the foundation

Yes No — Play areas are free from paint chips and dust

Safety & Compliance

Yes No — Warning signs are posted in hazard areas

Yes No — Testing equipment is calibrated and ready

Yes No — PPE is available for the inspection team

Yes No — Occupants have been notified of the inspection

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately