



HOMEOWNER RECOVERY PROGRAM Lead-based Paint QC Checklist

INSPECTION INFORMATION	
Application ID Number:	Inspection Date:
LBP Inspection Company:	LBP Inspector:
QC Reviewer:	Review Date:

LEAD-BASED PAINT QC CHECKLIST		
Survey Information	Confirmed	Comment
Correct APP ID	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Address	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Summary of Findings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Field Accredited Risk Assessor Signature	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LBP Report	Confirmed	Comment
Summary of Property Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 1-1 (Damaged Address Summary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 1-3 (Locations of Building Components with LBP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 1-5 (Locations of Deteriorated Paint)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 1-6 (Soil-lead Hazards)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LBP Survey and Risk Assessment (Evaluation) Report overview	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Appendices	Confirmed	Comment
Owner questionnaire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Damaged address information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Property condition survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site drawings and floor plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Unit requested for testing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Special Conditions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
XRF data	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paint condition data	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ReBuild NC is a program of the North Carolina Office of Recovery and Resiliency
Last Updated: September 8, 2020



Dust wipe data	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soil sampling data	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paint chip sample data	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Certifications, licenses, and accreditations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Photographic documentation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

LBP SCOPE OF WORK		
ECR	Confirmed	Comment
Line Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary for ECR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recap by Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recap by Category	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Photos	Confirmed	Comment
Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Close-ups of suspect items	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sketch	Confirmed	Comment
Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify footprint	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CORRECT SALESFORCE ENTRIES		
Application Information	Confirmed	Comment
Status - Report Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Related Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspector Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lead-based Paint	Confirmed	Comment
LBP Assessment Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LBP Risk Assessment Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LBP Risk Assessment Uploaded	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disturbing LBP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interim Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Abatement Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lead Clearance Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remediation	Confirmed	Comment
Remediation Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reimbursement Lead Compliance	Confirmed	Comment
Inspection Found No Lead Paint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Review	Confirmed	Comment
Inspection Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Report Uploaded	<input type="checkbox"/> Yes <input type="checkbox"/> No	