

Anthony Jakaitis

Master Lead Paint Inspector
P. O. Box 400, South Weymouth, MA 02190
(781) 331-1565

On 08/25/22 a lead paint inspection was conducted at **31 Grove St, Salem 01970.**

Lead hazards were found. Please review the attached inspection report for specific surfaces and locations of lead hazards that must be corrected for Full Compliance with the Mass Lead Law. Compliance is required whenever a child under the age of six resides at this property (built prior to 1978).

Summary of lead hazards

Hall #1- doors (x2), jambs (x1)	Room #1- door and window sill	Room #2- door & jamb
Staircase 1 st to 2 nd Fl- window sill	Bath #2- door & jamb	Room #4- doors (x2), jambs (x2), sills (2)
Room #5- doors (x2), jambs (x2), sills (x2)	Room #6- doors (x2), jambs (x2), sill, window unit	
Room #7- door & window sill	Hall #3- doors (x4), jambs (x2)	Room #8- doors (x3), jambs (x3), sill
Hall #4- doors (x5), jambs (x1)	Rear Staircase- door & jambs	Rear to Exterior- doors (x2) & window
Safe Box Room- door, sills (x20, window units (x2)		Front Porch- door & jamb
Exterior- door & sill		

Also, there are interior and exterior surfaces with loose lead paint that must be made intact and repainted for compliance.

Please refer to inspection report for the description and location of all the lead hazards found.

Once, the lead hazards have been properly abated a reinspection is required for compliance and passing lead in dust protocols. Number of Lead-in-dust samples to be taken (9) .

The Lead Law protects a child’s right to a lead-safe home. The Lead Law requires the removal or containment of lead paint hazards in homes built prior to 1978 and with children under the age of six residing there. Lead paint hazards include surfaces such as window sills, moveable windows & impacted components, doors & friction jambs, treads, hand rails/rail caps and any surfaces with loose lead paint. Deleading work must be done by trained and licensed/authorized person.

If you would like information on how to get authorized to do your own deleading please visit the State’s website. The website will explain the dos & don’ts associated with the type of deleading you wish to perform and the process to receive an authorization number to engage in that type of work.

<https://www.mass.gov/deleading-on-my-own>

Low risk deleading includes the removal/replacement of doors and the application of durable coverings over leaded surfaces.

Moderate risk deleading allows an owner or agent (working on behalf of owner) to remove and replace window sashes, sills, door jambs, treads, and any other leaded surfaces with the exception of two surfaces-plaster walls & ceilings. Also, you can repair small amounts of loose lead paint- up to 2sq’ per interior room and up to 20sq’ on the exterior.

If you would like information on contractors that are licensed to remove, replace, and contain lead hazards please visit the State website. There are two types of contractors

<https://www.mass.gov/doc/find-a-licensed-deleading-contractor>

<https://www.mass.gov/doc/find-a-licensed-lead-safe-renovation-contractor> (only ones with moderate risk)

Please note occupants must be relocated overnight if high or moderate risk work occurs within the interior of the unit. Occupants must not return home until dust samples taken are found to be within acceptable limits.

After the deleading work, a reinspection to certify that all lead hazards have been corrected and the collection of dust samples for analysis by an approved laboratory is required by Mass Lead Law. Dust samples must be found to be within acceptable levels or additional cleaning and resampling is required.

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Lead Inspection / Risk Assessment

St.# 31 Street Name Grove Street Type St Unit None
 City Salem Zip Code 01970

Owner Name: City of Salem MA
 Owner Address: Park and Rec Departments
 Contact Information: 401 Bridge St Salem MA 01970
 Client Name (if different from owner): Trish O'Brien
 Client Address: _____

Number of Rooms in Unit: 11

Property Type:
 Single Family
 Multi Family # of Units: _____
 Condominium # of Units: _____
 Day Care Other: _____

Laundry in Basement? Yes No
 Finished Space in Basement? Yes No

Possible Pb Water Service Line
 Yes No Not Tested

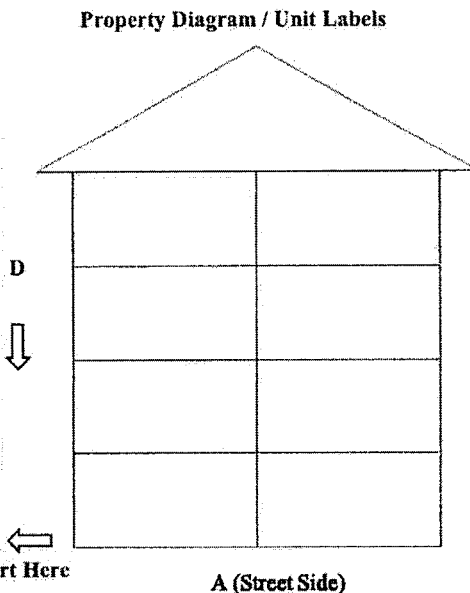
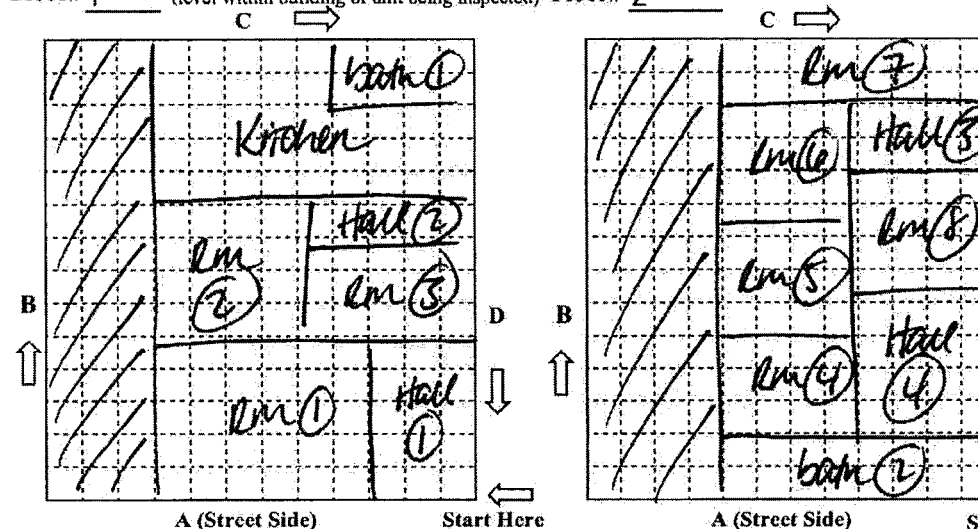
Testing Method Used
 Na₂S Expiration Date: / /
 X-Ray Fluorescence
 Model: Pb200i Serial # 2639

Demarcation Lines
 Submitted for Compliance Evaluation

Key	Lead Column	Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	COV	Covered	REM	Removed
DC	Drop Ceiling	DIP	Dipped	REP	Replaced
MET	Metal	ENC	Encapsulated	SCR	Scraped
MR	Metal Rep. Window	INT	Intact	SFR	Storm Frame Removed
NA	Not Accessible	MI	Made Intact	SLD	Sealed
NC	No Coating	PRE	Prepared for Enc.	STP	Stripped
Tile	Tile (testing suggested)	<input checked="" type="checkbox"/>	Component Does Not Exist	VR/MR	Vinyl/Metal Rep Window
VB	Vinyl Baseboard				
VR	Vinyl Rep. Window				

Comments / Notes: 545

Floor# 1 (level within building of unit being inspected) Floor# 2



Pb (lead) equal to or greater than 1.0 mg/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.

XRF Calibration Recorded in Log Book
 Address Verified through USPS
 Research on Lead Related History for Address
 www.state.ma.us/dph/clppp or 800-532-9571

- Check off when complete
- Check off when complete
- Check off when complete

Vendy Tran
 Inspector's Name (print)
 LI/RA - revised 06/17

4085
 License #

Vendy Tran
 Signature

08/25/22
 Date

INSPECTION HISTORY

Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Comprehensive Initial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: **Vendy Tran**, Lic# **4085**
Signature *Vendy Tran*

Comp Initial w/Partial PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Addendum (add-on to Initial Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Addendum as Full Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Walk Through for Ed/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Final Reinsp. (No Reocc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

INTERIM CONTROL

Visual Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
Signature _____

Visual Portion of Reinspection for Interim Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment Reinsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
Signature _____

Risk Assessment Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent Pb. Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for RA Recertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: _____, Lic# _____
Signature _____

PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Full Inspection Acting as PCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: _____, Lic# _____
Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

REOCCUPANCY CERTIFICATE HISTORY

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY (CONT.)

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

COMPLIANCE HISTORY

Letter of Full Initial Compliance				
No prior history/ No signs of UD				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr.				

Inspector Name: _____, Lic# _____

Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____

Signature _____

Letter of Full Deleading Compliance				
Dust wipes if No Reocc.				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Maintained Compliance				
No Work = No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____

Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____

Signature _____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Visual Reinspection				
No LOC Issued				

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Dust Taken				
No LOC Issued				

P
F

Inspector Name: _____, Lic# _____

Signature _____

UD / DES Final Reinspection				
No LOC Issued				

P
F

Inspector Name: _____, Lic# _____

Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> • A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm² is a dangerous level of lead. • A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead. • "N/A" means that the inspector was not able to test the surface. The inspector must assume the surface contains lead and require it to be delead. Speak to the inspector about possible alternative testing options. • "MET" or "MR" means that a metal surface was not tested. Metal handrails, metal window sills, and metal railing caps need to be delead if they test equal to or greater than 1.0 mg/cm², or are marked "MET" or "N/A". All other metal surfaces must be intact. • For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> • "M/I" circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety. • "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. • "A/M" circled means that the surface is "accessible mouthable" and must be delead to a minimum of five feet high, four inches in from the edge or corner. • "F" circled means that the surface is a "friction" surface and must be delead at all points of potential friction. • "L" circled means that the surface is loose and must, at a minimum, be made intact. Loose leaded floors must be sealed with paint or similar coating and pass a dust wipe. • If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. • "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. • If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is completed during a risk assessment, which is an evaluation of a home's suitability for Interim Control. Only a licensed risk assessor can do a risk assessment. If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and deleading is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it is in compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the report's cover page.
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. "N/A" means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.
RULED OUT BOX	Encapsulants only work well if the paint is in good condition. If the inspector sees that there are adhesion problems with eligible surfaces in a room, he/she will rule out encapsulation as a deleading method.

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

Page 5 of 30

Inspector (print)

Lic #

Signature

Date

1 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

HALLWAY: Interior # 11 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0	L N/A	Y													
A B C D	Low Walls		L N/A	Y													
A B C D	Baseboards	10/6	L N/A	Y													
A B C D	Chair Rail		L N/A	Y													
A B C D	Radiator	HW	L N/A	Y													
	Floor	0	L <input type="checkbox"/> (dust) N/A	Y													
	Ceiling	NA	L N/A	Y													
A B	Door	01	L N/A	Y													
C D	Door Edge		F L N/A	Y													
1 2	Door Casing	00	L N/A	Y													
3 4	Door Jamb	0	F L N/A	Y													
	Threshold	01	L N/A	Y													
A B	Door		L N/A	Y													
C D	Door Edge		F L N/A	Y													
1 2	Door Casing	28/0	L N/A	Y													
3 4	Door Jamb	03	F L N/A	Y													
	Threshold		L N/A	Y													
A B	Door	270	L N/A	Y													
C D	Door Edge	205	F L N/A	Y													
1 2	Door Casing	250	L N/A	Y													
3 4	Door Jamb	212	F L N/A	Y													
	Threshold	00	L N/A	Y													
A B	Door	290	L N/A	Y													
C D	Door Edge	250	F L N/A	Y													
1 2	Door Casing	22	L N/A	Y													
3 4	Door Jamb	183	F L N/A	Y													
	Threshold		L N/A	Y													
	Closest Door	250	L N/A	Y													
A	CI Door Edge	190	F L N/A	Y													
B	CI Casing	310	L N/A	Y													
C	Closest Jamb	245	F L N/A	Y													
D	Closest Walls	29	L N/A	Y													
	CI Baseboard	0	L N/A	Y													
1	Closest Pole	01	L N/A	Y													
2	Closest Shelf	52	L N/A	Y													
3	CI Supports	14/0	L N/A	Y													
4	Closest Floor	0	L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling	NA	L N/A	Y													
	Closest Door		L N/A	Y													
A	CI Door Edge		F L N/A	Y													
B	CI Casing		L N/A	Y													
C	Closest Jamb		F L N/A	Y													
D	Closest Walls		L N/A	Y													
	CI Baseboard		L N/A	Y													
1	Closest Pole		L N/A	Y													
2	Closest Shelf		L N/A	Y													
3	CI Supports		L N/A	Y													
4	Closest Floor		L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling		L N/A	Y													
A	Window Sill		M/I A/M L N/A	Y													
B	Win Apron		L N/A	Y													
C	Win Casing		L N/A	Y													
D	Header Stop		M/I L N/A	Y													
	Int Stops		M/I L N/A	Y													
1	Win Int Sash		M/I L N/A	Y													
2	Exterior Sill		M/I SF L N/A	Y													
3	Part Bead		M/I L N/A	Y													
4	Blind Stop		M/I SF L N/A	Y													
	Win Ext Sash		M/I L N/A	Y													
A	Window Sill		M/I A/M L N/A	Y													
B	Win Apron		L N/A	Y													
C	Win Casing		L N/A	Y													
D	Header Stop		M/I L N/A	Y													
	Int Stops		M/I L N/A	Y													
1	Win Int Sash		M/I L N/A	Y													
2	Exterior Sill		M/I SF L N/A	Y													
3	Part Bead		M/I L N/A	Y													
4	Blind Stop		M/I SF L N/A	Y													
	Win Ext Sash		M/I L N/A	Y													
A B C D	Chair	03	L N/A	Y													
	Ceiling Molding		L N/A	Y													
A	Sideline	44	F M/I A/M L N/A	Y													
A	Sideline	02	F M/I A/M L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

1 / 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

CONTINUATION OF ROOM ()

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Door	/	L N/A	Y						Low Cab Fram	00	L N/A	Y				
C D	Door Edge	/	F L N/A	Y					A B	Low Cab Door	00	L N/A	Y				
1 2	Door Casing	/	L N/A	Y					C D	Low Cab Walls	01	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					#	Low Cab Shlvs	00	L N/A	Y				
	Threshold	/	L N/A	Y						Supports	/	L N/A	Y				
A B	Door	/	L N/A	Y						Drawers	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
1 2	Door Casing	/	L N/A	Y					B	Win Apron	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					C	Win Casing	/	L N/A	Y				
	Threshold	/	L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
A B	Door	/	L N/A	Y					#	Int Stops	/	M/I L N/A	Y				
C D	Door Edge	/	F L N/A	Y						Win Int Sash	/	M/I L N/A	Y				
1 2	Door Casing	/	L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y						Part Bead	/	M/I L N/A	Y				
	Threshold	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
										Win Ext Sash	/	M/I L N/A	Y				
A	Closet Door	/	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
B	CI Door Edge	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
C	CI Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
D	Closet Walls	/	L N/A	Y					#	Int Stops	/	M/I L N/A	Y				
#	CI Baseboard	/	L N/A	Y						Win Int Sash	/	M/I L N/A	Y				
	Closet Pole	/	L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
	Closet Shelf	/	L N/A	Y						Part Bead	/	M/I L N/A	Y				
	CI Supports	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
	CI Drawers	/	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
	CI Dr Frame	/	L N/A	Y					A B	Fireplace	/	L N/A	Y				
	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y					C D	Mantel	/	L N/A	Y				
	Closet Ceiling	/	L N/A	Y					A B	Sidelight (L)	/	L N/A	Y				
A B	Shlvs Above 5'	/	L N/A	Y					C D	Sidelight (R)	/	L N/A	Y				
A B	Cab Above 5'	/	L N/A	Y					A B	Win Above 5'	/	L N/A	Y				
C D	Cab Above 5'	/	L N/A	Y					A B	Win Above 5'	/	L N/A	Y				
A B	Cab Above 5'	/	L N/A	Y					C D	Win Above 5'	/	L N/A	Y				
C D	Up Cab Door	00	L N/A	Y								F M/I A/M L N/A					
#	Up Cab Walls	00	L N/A	Y								F M/I A/M L N/A					
	Up Cab Shlvs	00	L N/A	Y								F M/I A/M L N/A					
	Supports	01	L N/A	Y								F M/I A/M L N/A					
C	Frame	15.2	F M/I A/M L N/A									F M/I A/M L N/A					
			F M/I A/M L N/A									F M/I A/M L N/A					

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 25 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

ROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	02	L N/A	Y				
A B	Low Walls	02	L N/A	Y				
A B	Baseboards	14	L N/A	Y				
A B	Chair Rail	01	L N/A	Y				
A B	Radiator	NA	L N/A	Y				
C D	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
C D	Ceiling	NA	L N/A	Y				
A B	Door	NA	L N/A	Y				
C D	Door Edge	NA	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	NA	L N/A	Y				
A B	Door	NA	L N/A	Y				
C D	Door Edge	NA	F L N/A	Y				
1 2	Door Casing	260	L N/A	Y				
3 4	Door Jamb	250	F L N/A	Y				
	Threshold	NA	L N/A	Y				
A B	Door	NA	L N/A	Y				
C D	Door Edge	NA	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	NA	L N/A	Y				
	Interior Door	310	L N/A	Y				
A	Cl Door Edge	295	F L N/A	Y				
B	Casing	300	L N/A	Y				
C	Jamb	250	F L N/A	Y				
D	Threshold	02	L N/A	Y				
	Cl Baseboard	NA	L N/A	Y				
1	Closet Pole	NA	L N/A	Y				
2	Closet Shelf	NA	L N/A	Y				
3	Cl Supports	NA	L N/A	Y				
4	Closet Floor	NA	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	02	M/I A/M L N/A	Y				
B	Win Apron	03	L N/A	Y				
C	Win Casing	250	L N/A	Y				
D	Header Stop	NA	M/I L N/A	Y				
	Int Stops	82	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	VR	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	04	M/I A/M L N/A	Y				
B	Win Apron	05	L N/A	Y				
C	Win Casing	280	L N/A	Y				
D	Header Stop	NA	M/I L N/A	Y				
	Int Stops	85	M/I L N/A	Y				
1	Win Int Sash	VR	M/I L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	VR	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	NA	M/I A/M L N/A	Y				
B	Win Apron	NA	L N/A	Y				
C	Win Casing	NA	L N/A	Y				
D	Header Stop	NA	M/I L N/A	Y				
	Int Stops	NA	M/I L N/A	Y				
1	Win Int Sash	NA	M/I L N/A	Y				
2	Exterior Sill	NA	M/I SF L N/A	Y				
3	Part Bead	NA	M/I L N/A	Y				
4	Blind Stop	NA	M/I SF L N/A	Y				
	Win Ext Sash	NA	M/I L N/A	Y				
A B	Fireplace	NA	L N/A	Y				
C D	Mantle	NA	L N/A	Y				
A B	Win Above 5'	NA	L N/A	Y				
C D	Ceiling Molding	NA	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

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Inspector (print)

Lic #

Signature

Date

Vendy Tran

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y					A	Window Sill	00	M/I A/M L N/A	Y				
A B C D	Low Walls	01	L N/A	Y					B	Win Apron	/	L N/A	Y				
A B C D	Baseboards	00	L N/A	Y					C	Win Casing	/	L N/A	Y				
A B C D	Chair Rail	00	L N/A	Y					D	Header Stop	00	M/I L N/A	Y				
A B C D	Radiator	NA	L N/A	Y						Int Stops	01	M/I L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y					1	Win Int Sash	VA	M/I L N/A	Y				
	Ceiling	NA	L N/A	Y					2	Exterior Sill	VA	M/I SF L N/A	Y				
A B	Door	01	L N/A	Y					3	Part Bead	VA	M/I L N/A	Y				
C D	Door Edge	/	F L N/A	Y					4	Blind Stop	/	M/I SF L N/A	Y				
1 2	Door Casing	02	L N/A	Y						Win Ext Sash	VA	M/I L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y					A	Window Sill	00	M/I A/M L N/A	Y				
	Threshold	/	L N/A	Y					B	Win Apron	01	L N/A	Y				
A B	Door	/	L N/A	Y					C	Win Casing	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y					D	Header Stop	00	M/I L N/A	Y				
1 2	Door Casing	00	L N/A	Y						Int Stops	01	M/I L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y					1	Win Int Sash	VA	M/I L N/A	Y				
	Threshold	/	L N/A	Y					2	Exterior Sill	VA	M/I SF L N/A	Y				
A B	Door	01	L N/A	Y					3	Part Bead	VA	M/I L N/A	Y				
C D	Door Edge	/	F L N/A	Y					4	Blind Stop	/	M/I SF L N/A	Y				
1 2	Door Casing	02	L N/A	Y						Win Ext Sash	VA	M/I L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y					A B C D	Up Cab Frame	00	L N/A	Y				
	Threshold	/	L N/A	Y						Up Cab Door	00	L N/A	Y				
	Closet Door	00	L N/A	Y						Up Cab Walls	00	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y					1 2	Up Cab Shlvs	01	L N/A	Y				
B	Cl Casing	00	L N/A	Y					3 4	Supports	00	L N/A	Y				
C	Closet Jamb	01	F L N/A	Y						Up Cab Fram	00	L N/A	Y				
D	Closet Walls	44	L N/A	Y					A B C D	Low Cab Door	00	L N/A	Y				
	Cl Baseboard	265	L N/A	Y						Low Cab Walls	00	L N/A	Y				
1	Closet Pole	/	L N/A	Y						Low Cab Shlvs	00	L N/A	Y				
2	Closet Shelf	02	L N/A	Y					1 2	Supports	01	L N/A	Y				
3	Cl Supports	00	L N/A	Y					3 4	Drawers	00	L N/A	Y				
4	Closet Floor	01	L <input type="checkbox"/> (dust) N/A	Y					A B C D	Win Above 5'	/	L N/A	Y				
	Closet Ceiling	NA	L N/A	Y						Ceiling Molding	NA	L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:												F M/I A/M L N/A	Y				
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)												F M/I A/M L N/A	Y				
SIDE	LOCATION	MEASURE: LOOSE PAINT				IC DATE	IC METHOD						F M/I A/M L N/A	Y			
													F M/I A/M L N/A	Y			
													F M/I A/M L N/A	Y			

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

31 SOLVAY ST

Apt #

City:

Salem

CONTINUATION OF ROOM (Kitchen)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Door	00	L N/A	Y													
C D	Door Edge	/	F L N/A	Y					A B	Low Cab Fram	/	L N/A	Y				
1 2	Door Casing	00	L N/A	Y					C D	Low Cab Door	/	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y					#	Low Cab Walls	/	L N/A	Y				
	Threshold	/	L N/A	Y						Low Cab Shlvs	/	L N/A	Y				
A B	Door	00	L N/A	Y						Supports	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y						Drawers	/	L N/A	Y				
1 2	Door Casing	00	L N/A	Y					A	Window Sill	00	M/I A/M L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y					B	Win Apron	/	L N/A	Y				
	Threshold	/	L N/A	Y					C	Win Casing	00	L N/A	Y				
A B	Door	/	L N/A	Y					D	Header Stop	00	M/I L N/A	Y				
C D	Door Edge	/	F L N/A	Y					#	Int Stops	01	M/I L N/A	Y				
1 2	Door Casing	/	L N/A	Y						Win Int Sash	/	M/I L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
	Threshold	/	L N/A	Y						Part Bead	/	M/I L N/A	Y				
A B	Door	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
C D	Door Edge	/	F L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
1 2	Door Casing	/	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
	Threshold	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
	Closest Door	/	L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y					#	Int Stops	/	M/I L N/A	Y				
B	Cl Casing	/	L N/A	Y						Win Int Sash	/	M/I L N/A	Y				
C	Closest Jamb	/	F L N/A	Y						Exterior Sill	/	M/I SF L N/A	Y				
C	Closest Walls	/	L N/A	Y						Part Bead	/	M/I L N/A	Y				
D	Cl Baseboard	/	L N/A	Y						Blind Stop	/	M/I SF L N/A	Y				
#	Closest Pole	/	L N/A	Y						Win Ext Sash	/	M/I L N/A	Y				
	Closest Shelf	/	L N/A	Y					A B	Fireplace	/	L N/A	Y				
	Cl Supports	/	L N/A	Y					C D	Mantel	/	L N/A	Y				
	Cl Drawers	/	L N/A	Y					A B	Sidelight (L)	/	L N/A	Y				
	Cl Dr Frame	/	L N/A	Y					C D	Sidelight (R)	/	L N/A	Y				
	Closest Floor	/	L (dust) N/A	Y					A B	Win Above 5'	/	L N/A	Y				
	Closest Ceiling	/	L N/A	Y					C D	Win Above 5'	/	L N/A	Y				
A B	Shlvs Above 5'	/	L N/A	Y								F M/I A/M L N/A					
C D	Cab Above 5'	/	L N/A	Y								F M/I A/M L N/A					
A B	Cab Above 5'	/	L N/A	Y								F M/I A/M L N/A					
C D	Cab Above 5'	/	L N/A	Y								F M/I A/M L N/A					
C D	Up Cab Door	/	L N/A	Y								F M/I A/M L N/A					
#	Up Cab Walls	/	L N/A	Y								F M/I A/M L N/A					
	Up Cab Shlvs	/	L N/A	Y								F M/I A/M L N/A					
	Supports	/	L N/A	Y								F M/I A/M L N/A					

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

Vendy Tran

4085

08 / 25 / 22

Page 11 of 36

Inspector (print)

Lic #

Signature

Date

1 1

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St Apt. # _____ City: Salem

BATHROOM # 1

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	01	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	02	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	ME	L N/A	Y				
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	01	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	/	L N/A	Y				
	Closet Door	01	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y				
B	Cl Casing	02	L N/A	Y				
C	Closet Jamb	02	F L N/A	Y				
D	Closet Walls	01	L N/A	Y				
	Cl Baseboard	02	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	02	L N/A	Y				
3	Cl Supports	01	L N/A	Y				
4	Closet Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Cab Frame	/	L N/A	Y				
C D	Up Cab Door	/	L N/A	Y				
	Up Cab Walls	/	L N/A	Y				
1 2	Up Cab Shivs	/	L N/A	Y				
3 4	Supports	/	L N/A	Y				
	Low Cab Fram	02	L N/A	Y				
A B	Low Cab Door	02	L N/A	Y				
C D	Low Cab Walls	01	L N/A	Y				
	Low Cab Shivs	02	L N/A	Y				
1 2	Supports	02	L N/A	Y				
3 4	Drawers	02	L N/A	Y				
A	Window Sill	02	M I A/M L N/A	Y				
B	Win Apron	01	L N/A	Y				
C	Win Casing	02	L N/A	Y				
D	Header Stop	02	M I L N/A	Y				
	Int Stops	01	M I L N/A	Y				
1	Win Int Sash	VR	M I L N/A	Y				
2	Exterior Sill	VR	M I SF L N/A	Y				
3	Part Bead	VR	M I L N/A	Y				
4	Blind Stop	VR	M I SF L N/A	Y				
	Win Ext Sash	VR	M I L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
A B C D	Medicine Cab	02	L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
	TILE	04	F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				
			F M I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

08 / 25 / 22

Page 12 Of 36

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Signature

Date

Address of Property: 31 Grove St

Apt #

City: Salem

Hall 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y					A B	Up Cab Frame	/	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y					C D	Up Cab Door	/	L N/A	Y				
A B C D	Baseboards	01	L N/A	Y						Up Cab Walls	/	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y					1 2	Up Cab Shlvs	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y					3 4	Supports	/	L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y					A B	Up Cab Frame	/	L N/A	Y				
	Ceiling	NA	L N/A	Y					C D	Up Cab Door	/	L N/A	Y				
A B	Door	01	L N/A	Y						Up Cab Walls	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y					1 2	Up Cab Shlvs	/	L N/A	Y				
1 2	Door Casing	03	L N/A	Y					3 4	Supports	/	L N/A	Y				
3 4	Door Jamb	NA	F L N/A	Y						Low Cab Fram	/	L N/A	Y				
	Threshold	00	L N/A	Y					A B	Low Cab Door	/	L N/A	Y				
A B	Door	02	L N/A	Y					C D	Low Cab Walls	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y						Low Cab Shlvs	/	L N/A	Y				
1 2	Door Casing	03	L N/A	Y					1 2	Supports	/	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y					3 4	Drawers	/	L N/A	Y				
	Threshold	/	L N/A	Y						Low Cab Fram	/	L N/A	Y				
	st Door	00	L N/A	Y					A B	Low Cab Door	/	L N/A	Y				
A	Cl Door Edge	/	F L N/A	Y					C D	Low Cab Walls	/	L N/A	Y				
B	Casing	00	L N/A	Y						Low Cab Shlvs	/	L N/A	Y				
C	Jamb	02	F L N/A	Y					1 2	Supports	/	L N/A	Y				
D	Closet Walls	/	L N/A	Y					3 4	Drawers	/	L N/A	Y				
	Cl Baseboard	/	L N/A	Y						Low Cab Fram	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y					A B	Low Cab Door	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y					C D	Low Cab Walls	/	L N/A	Y				
3	Cl Supports	/	L N/A	Y						Low Cab Shlvs	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y					1 2	Supports	/	L N/A	Y				
	Closet Ceiling	/	L N/A	Y					3 4	Drawers	/	L N/A	Y				
A B	Up Cab Frame	/	L N/A	Y					A	Window Sill	/	M/I A/M L N/A	Y				
C D	Up Cab Door	/	L N/A	Y					B	Win Apron	/	L N/A	Y				
	Up Cab Walls	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
1 2	Up Cab Shlvs	/	L N/A	Y					D	Header Stop	/	M/I L N/A	Y				
3 4	Supports	/	L N/A	Y						Int Stops	/	M/I L N/A	Y				
		/	F M/I A/M L N/A	Y					1	Win Int Sash	/	M/I L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:											/	M/I SF L N/A	Y				
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)											/	M/I L N/A	Y				
SIDE	LOCATION	MEASURE: LOOSE PAINT				IC DATE	IC METHOD										

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

31 Grove St
Room 3

Apt. #

City: Salem

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	NA	L N/A	Y					A	Window Sill	02	M/A	L N/A	Y			
A B	Low Walls	01	L N/A	Y					B	Win Apron	02		L N/A	Y			
A B	Baseboards	02	L N/A	Y					C	Win Casing	02		L N/A	Y			
A B	Chair Rail	/	L N/A	Y					D	Header Stop	02	M/A	L N/A	Y			
A B	Radiator	M/S	L N/A	Y						Int Stops	01	M/A	L N/A	Y			
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y					1	Win Int Sash	VL	M/A	L N/A	Y			
	Ceiling	NA	L N/A	Y					2	Exterior Sill	VL	M/A	SF L N/A	Y			
A B	Door	/	L N/A	Y					3	Part Bead	VL	M/A	L N/A	Y			
C D	Door Edge	/	F L N/A	Y					4	Blind Stop	VL	M/A	SF L N/A	Y			
1 2	Door Casing	01	L N/A	Y						Win Ext Sash	VL	M/A	L N/A	Y			
3 4	Door Jamb	02	F L N/A	Y					A	Window Sill	/	M/A	A/M L N/A	Y			
	Threshold	/	L N/A	Y					B	Win Apron	/		L N/A	Y			
A B	Door	/	L N/A	Y					C	Win Casing	/		L N/A	Y			
C D	Door Edge	/	F L N/A	Y					D	Header Stop	/	M/A	L N/A	Y			
1 2	Door Casing	/	L N/A	Y						Int Stops	/	M/A	L N/A	Y			
3 4	Door Jamb	/	F L N/A	Y					1	Win Int Sash	/	M/A	L N/A	Y			
	Threshold	/	L N/A	Y					2	Exterior Sill	/	M/A	SF L N/A	Y			
A B	Door	/	L N/A	Y					3	Part Bead	/	M/A	L N/A	Y			
C D	Door Edge	/	F L N/A	Y					4	Blind Stop	/	M/A	SF L N/A	Y			
1 2	Door Casing	/	L N/A	Y						Win Ext Sash	/	M/A	L N/A	Y			
3 4	Door Jamb	/	F L N/A	Y						Newel Post	/		L N/A	Y			
	Threshold	/	L N/A	Y						Railing Cap	/	A/M	L N/A	Y			
A B	Door	/	L N/A	Y						Handrail	/	A/M	L N/A	Y			
C D	Door Edge	/	F L N/A	Y						Balusters	/		L N/A	Y			
1 2	Door Casing	/	L N/A	Y						Lower rail	/		L N/A	Y			
3 4	Door Jamb	/	F L N/A	Y						Treads	/	F	L N/A	Y			
	Threshold	/	L N/A	Y						Risers	/		L N/A	Y			
	Closet Door	/	L N/A	Y						Stringer	/		L N/A	Y			
A	Cl Door Edge	/	F L N/A	Y						Tread edge >5	/		L N/A	Y			
B	Cl Casing	/	L N/A	Y						Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
C	Cl Jamb	/	F L N/A	Y						Floor Edge	/		L N/A	Y			
D	Closet Walls	/	L N/A	Y						Floor Casing	/		L N/A	Y			
	Cl Baseboard	/	L N/A	Y						C pipe 03	/	F M/A	A/M L N/A	Y			
1	Closet Pole	/	L N/A	Y							/	F M/A	A/M L N/A	Y			
2	Closet Shelf	/	L N/A	Y							/	F M/A	A/M L N/A	Y			
3	Cl Supports	/	L N/A	Y							/	F M/A	A/M L N/A	Y			
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y							/	F M/A	A/M L N/A	Y			
	Closet Ceiling	/	L N/A	Y							/	F M/A	A/M L N/A	Y			

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COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

STAIRCASE # 1st 2nd Flr Front

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	02	L N/A	Y				
A B C D	Low Walls		L N/A	Y				
A B C D	Baseboards	205	L N/A	Y				
A B C D	Chair Rail		L N/A	Y				
A B C D	Radiator		L N/A	Y				
	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing		L N/A	Y				
3 4	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing		L N/A	Y				
3 4	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing		L N/A	Y				
3 4	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing		L N/A	Y				
3 4	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Closet Door		L N/A	Y				
A	Cl Door Edge		F L N/A	Y				
B	Cl Casing		L N/A	Y				
C	Closet Jamb		F L N/A	Y				
D	Closet Walls		L N/A	Y				
	Cl Baseboard		L N/A	Y				
1	Closet Pole		L N/A	Y				
2	Closet Shelf		L N/A	Y				
3	Cl Supports		L N/A	Y				
4	Closet Floor		L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling		L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	205	M/I A/M L N/A	Y				
B	Win Apron	250	L N/A	Y				
G	Win Casing	200	L N/A	Y				
D	Header Stop	NA	M/I L N/A	Y				
	Int Stops	02	M/I L N/A	Y				
1	Win Int Sash	VL	M/I L N/A	Y				
2	Exterior Sill	VL	M/I SF L N/A	Y				
3	Part Bead	VL	M/I L N/A	Y				
4	Blind Stop	VL	M/I SF L N/A	Y				
	Win Ext Sash	VL	M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/I L N/A	Y				
	Int Stops		M/I L N/A	Y				
1	Win Int Sash		M/I L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead		M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
	Newel Post	02	L N/A	Y				
	Railing Cap	03	A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters	225	L N/A	Y				
	Lower rail		L N/A	Y				
	Treads	03	F L N/A	Y				
	Risers	178	L N/A	Y				
	Stringer	276	L N/A	Y				
	Tread edge >5		L N/A	Y				
	Landing floor		L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	02	L N/A	Y				
	Floor Casing	276	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

BATHROOM # 2

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	02	L N/A	Y					A B	Up Cab Frame	.	L N/A	Y				
A B	Low Walls	04	L N/A	Y					C D	Up Cab Door	.	L N/A	Y				
A B	Baseboards	03	L N/A	Y						Up Cab Walls	.	L N/A	Y				
A B	Chair Rail	.	L N/A	Y					1 2	Up Cab Shlvs	.	L N/A	Y				
A B	Radiator	02	L N/A	Y					3 4	Supports	.	L N/A	Y				
A B	Floor	01	L <input type="checkbox"/> (dust) N/A	Y						Low Cab Frame	00	L N/A	Y				
A B	Ceiling	NA	L N/A	Y					A B	Low Cab Door	01	L N/A	Y				
A B	Door	10.5	L N/A	Y					C D	Low Cab Walls	02	L N/A	Y				
C D	Door Edge	14.5	F L N/A	Y						Low Cab Shlvs	00	L N/A	Y				
1 2	Door Casing	9.8	L N/A	Y					1 2	Supports	01	L N/A	Y				
3 4	Door Jamb	10.7	F L N/A	Y					3 4	Drawers	02	L N/A	Y				
	Threshold	00	L N/A	Y					A	Window Sill	03	M/I A/M	L N/A	Y			
A B	Door	.	L N/A	Y					B	Win Apron	.	L N/A	Y				
C D	Door Edge	.	F L N/A	Y					C	Win Casing	17.5	L N/A	Y				
1 2	Door Casing	.	L N/A	Y					D	Header Stop	NA	M/I	L N/A	Y			
3 4	Door Jamb	.	F L N/A	Y						Int Stops	10	M/I	L N/A	Y			
	Threshold	.	L N/A	Y					1	Win Int Sash	VR	M/I	L N/A	Y			
A B	Door	.	L N/A	Y					2	Exterior Sill	VR	M/I SF	L N/A	Y			
C D	Door Edge	.	F L N/A	Y					3	Part Bead	VR	M/I	L N/A	Y			
1 2	Door Casing	.	L N/A	Y					4	Blind Stop	VR	M/I SF	L N/A	Y			
3 4	Door Jamb	.	F L N/A	Y						Win Ext Sash	VR	M/I	L N/A	Y			
	Threshold	.	L N/A	Y					A B	Win Above 5'	.	L NA	Y				
	Closet Door	.	L N/A	Y					C D	Ceiling Molding	.	L NA	Y				
A	Cl Door Edge	.	F L N/A	Y					A B	Medicine Cab	.	L NA	Y				
B	Cl Casing	.	L N/A	Y					C D		.	F M/I A/M	L N/A	Y			
C	Cl Jamb	.	F L N/A	Y							.	F M/I A/M	L N/A	Y			
D	Cl Walls	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
	Cl Baseboard	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
1	Closet Pole	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
2	Closet Shelf	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
3	Cl Supports	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
4	Closet Floor	.	L <input type="checkbox"/> (dust) N/A	Y							.	F M/I A/M	L N/A	Y			
	Closet Ceiling	.	L N/A	Y							.	F M/I A/M	L N/A	Y			
		.	F M/I A/M	L N/A	Y						.	F M/I A/M	L N/A	Y			
		.	F M/I A/M	L N/A	Y						.	F M/I A/M	L N/A	Y			

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St.

Apt. #

City: Salem

Room 4

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	01	L N/A	Y					A	Window Sill	260	MI / AM	N/A	Y			
A B C D	Low Walls	245	L N/A	Y					B	Win Apron	15.4	N/A	Y				
A B C D	Baseboards	138	L N/A	Y					C	Win Casing	200	N/A	Y				
A B C D	Chair Rail		L N/A	Y					D	Header Stop	NA	MI	L N/A	Y			
A B C D	Radiator	NA	L N/A	Y						Int Stops	183	MI	N/A	Y			
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y					1	Win Int Sash	VR	MI	L N/A	Y			
	Ceiling	NA	L N/A	Y					2	Exterior Sill	VR	MI SF	L N/A	Y			
A B	Door	183	L N/A	Y					3	Part Bead	VR	MI	L N/A	Y			
C D	Door Edge	170	F L N/A	Y					4	Blind Stop	VR	MI SF	L N/A	Y			
1 2	Door Casing	150	L N/A	Y						Win Ext Sash	VR	MI	L N/A	Y			
3 4	Door Jamb	260	F L N/A	Y					A	Window Sill	240	MI / AM	N/A	Y			
	Threshold		L N/A	Y					B	Win Apron		L N/A	Y				
A B	Door	250	L N/A	Y					C	Win Casing	265	L N/A	Y				
C D	Door Edge	250	F L N/A	Y					D	Header Stop	NA	MI	L N/A	Y			
1 2	Door Casing	245	L N/A	Y						Int Stops	198	MI	N/A	Y			
3 4	Door Jamb	198	F L N/A	Y					1	Win Int Sash	VR	MI	L N/A	Y			
	Threshold		L N/A	Y					2	Exterior Sill	VR	MI SF	L N/A	Y			
A B	Door		L N/A	Y					3	Part Bead	VR	MI	L N/A	Y			
C D	Door Edge		F L N/A	Y					4	Blind Stop	VR	MI SF	L N/A	Y			
1 2	Door Casing	03	L N/A	Y						Win Ext Sash	VR	MI	L N/A	Y			
3 4	Door Jamb	02	F L N/A	Y						Newel Post		L N/A	Y				
	Threshold		L N/A	Y						Railing Cap		AM L N/A	Y				
A B	Door		L N/A	Y						Handrail		AM L N/A	Y				
C D	Door Edge		F L N/A	Y						Balusters		L N/A	Y				
1 2	Door Casing		L N/A	Y						Lower rail		L N/A	Y				
3 4	Door Jamb		F L N/A	Y						Treads		F L N/A	Y				
	Threshold		L N/A	Y						Treads		F L N/A	Y				
	Closet Door	200	L N/A	Y						Risers		L N/A	Y				
A	CI Door Edge	18.3	F L N/A	Y						Stringer		L N/A	Y				
B	CI Casing		L N/A	Y						Tread edge >5		L N/A	Y				
C	Closet Jamb	161	F N/A	Y						Landing floor		L <input type="checkbox"/> (dust) N/A	Y				
D	Closet Walls	87	L N/A	Y						Floor Edge		L N/A	Y				
	CI Baseboard	98	L N/A	Y						Floor Casing		L N/A	Y				
1	Closet Pole	02	L N/A	Y								F MI / AM L N/A	Y				
2	Closet Shelf	01	L N/A	Y								F MI / AM L N/A	Y				
3	CI Supports	146	L N/A	Y								F MI / AM L N/A	Y				
4	Closet Floor	01	L <input type="checkbox"/> (dust) N/A	Y								F MI / AM L N/A	Y				
	Closet Ceiling	NA	L N/A	Y								F MI / AM L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

31 GROVE ST

Apt. #

City:

Salem

ROOM 5

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	54	L N/A	Y													
A B C D	Low Walls		L N/A	Y													
A B C D	Baseboards	25	L N/A	Y													
A B C D	Chair Rail		L N/A	Y													
A B C D	Radiator	NA	L N/A	Y													
	Floor	08	L <input type="checkbox"/> (dust) N/A	Y													
	Ceiling	NA	L N/A	Y													
A B	Door	19.0	L N/A	Y													
C D	Door Edge	18.3	F L N/A	Y													
1 2	Door Casing	17.0	L N/A	Y													
3 4	Door Jamb	16.5	F L N/A	Y													
	Threshold		L N/A	Y													
A B	Door	20.1	L N/A	Y													
C D	Door Edge	22.0	F L N/A	Y													
1 2	Door Casing	3.5	L N/A	Y													
3 4	Door Jamb	19.0	F L N/A	Y													
	Threshold		L N/A	Y													
A B	Door		L N/A	Y													
C D	Door Edge		F L N/A	Y													
1 2	Door Casing		L N/A	Y													
3 4	Door Jamb		F L N/A	Y													
	Threshold		L N/A	Y													
A B	Door		L N/A	Y													
C D	Door Edge		F L N/A	Y													
1 2	Door Casing		L N/A	Y													
3 4	Door Jamb		F L N/A	Y													
	Threshold		L N/A	Y													
	Closest Door	25.0	L N/A	Y													
A	CI Door Edge	20.0	F L N/A	Y													
B	CI Casing	03	L N/A	Y													
C	Closest Jamb	02	F L N/A	Y													
D	Closest Walls	01	L N/A	Y													
	CI Baseboard	25.0	L N/A	Y													
1	Closest Pole	01	L N/A	Y													
2	Closest Shelf	0	L N/A	Y													
3	CI Supports	2.2	L N/A	Y													
4	Closest Floor	0	L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling	NA	L N/A	Y													
	Closest Door		L N/A	Y													
A	CI Door Edge		F L N/A	Y													
B	CI Casing		L N/A	Y													
C	Closest Jamb		F L N/A	Y													
D	Closest Walls		L N/A	Y													
	CI Baseboard		L N/A	Y													
1	Closest Pole		L N/A	Y													
2	Closest Shelf		L N/A	Y													
3	CI Supports		L N/A	Y													
4	Closest Floor		L <input type="checkbox"/> (dust) N/A	Y													
	Closest Ceiling		L N/A	Y													
A	Window Sill	30.0	M/I A/M L N/A	Y													
B	Win Apron	21.5	L N/A	Y													
C	Win Casing	23.0	L N/A	Y													
D	Header Stop	NA	M/I L N/A	Y													
	Int Stops	20.0	M/I L N/A	Y													
1	Win Int Sash	VR	M/I L N/A	Y													
2	Exterior Sill	VR	M/I SF L N/A	Y													
3	Part Bead	VR	M/I L N/A	Y													
4	Blind Stop		M/I SF L N/A	Y													
	Win Ext Sash	VR	M/I L N/A	Y													
A	Window Sill	35.0	M/I A/M L N/A	Y													
B	Win Apron	25.0	L N/A	Y													
C	Win Casing	21.0	L N/A	Y													
D	Header Stop	NA	M/I L N/A	Y													
	Int Stops	19.5	M/I L N/A	Y													
1	Win Int Sash	VR	M/I L N/A	Y													
2	Exterior Sill	VR	M/I SF L N/A	Y													
3	Part Bead	VR	M/I L N/A	Y													
4	Blind Stop		M/I SF L N/A	Y													
	Win Ext Sash	VR	M/I L N/A	Y													
A B C D	Win Above 5'		L N/A	Y													
	Ceiling Molding		L N/A	Y													
A	Window Sill	19.5	F M/I A/M L N/A	Y													
A	Window Sill	11.0	F M/I A/M L N/A	Y													
	Window Sill	2.2	F M/I A/M L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

ROOM # 0

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	01	L N/A	Y					A	Window Sill	140 (M/A/M)	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y					B	Win Apron	/	L N/A	Y				
A B C D	Baseboards	18	L N/A	Y					C	Win Casing	135	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y					D	Header Stop	165 (M)	L N/A	Y				
A B C D	Radiator	02	L N/A	Y						Int Stops	140 (M)	L N/A	Y				
	Floor	0	L <input type="checkbox"/> (dust) N/A	Y					1	Win Int Sash	200 (M)	L N/A	Y				
	Ceiling	NA	L N/A	Y					2	Exterior Sill	250 (M/SF)	L N/A	Y				
A B	Door	200	L N/A	Y					3	Part Bead	200 (M)	L N/A	Y				
C D	Door Edge	18.5 (F)	L N/A	Y					4	Blind Stop	193 (M/SF)	L N/A	Y				
1 2	Door Casing	19.3 (F)	L N/A	Y						Win Ext Sash	165 (M)	L N/A	Y				
3 4	Door Jamb	7.0 (F)	L N/A	Y					A	Window Sill	/	M/A/M	L N/A	Y			
	Threshold	02	L N/A	Y					B	Win Apron	/	L N/A	Y				
A B	Door	300	L N/A	Y					C	Win Casing	/	L N/A	Y				
C D	Door Edge	200 (F)	L N/A	Y					D	Header Stop	/	M/I	L N/A	Y			
1 2	Door Casing	18.5 (F)	L N/A	Y						Int Stops	/	M/I	L N/A	Y			
3 4	Door Jamb	7.3 (F)	L N/A	Y					1	Win Int Sash	/	M/I	L N/A	Y			
	Threshold	00	L N/A	Y					2	Exterior Sill	/	M/I SF	L N/A	Y			
A B	Door	/	L N/A	Y					3	Part Bead	/	M/I	L N/A	Y			
C D	Door Edge	/	F L N/A	Y					4	Blind Stop	/	M/I SF	L N/A	Y			
1 2	Door Casing	/	L N/A	Y						Win Ext Sash	/	M/I	L N/A	Y			
3 4	Door Jamb	/	F L N/A	Y					A	Window Sill	/	M/I A/M	L N/A	Y			
	Threshold	/	L N/A	Y					B	Win Apron	/	L N/A	Y				
	Closet Door	163	L N/A	Y					C	Win Casing	/	L N/A	Y				
A	Cl Door Edge	150 (F)	L N/A	Y					D	Header Stop	/	M/I	L N/A	Y			
B	Cl Casing	12	L N/A	Y						Int Stops	/	M/I	L N/A	Y			
C	Closet Jamb	74	F L N/A	Y					1	Win Int Sash	/	M/I	L N/A	Y			
D	Closet Walls	03	L N/A	Y					2	Exterior Sill	/	M/I SF	L N/A	Y			
	Cl Baseboard	40	L N/A	Y					3	Part Bead	/	M/I	L N/A	Y			
1	Closet Pole	03	L N/A	Y					4	Blind Stop	/	M/I SF	L N/A	Y			
2	Closet Shelf	0	L N/A	Y						Win Ext Sash	/	M/I	L N/A	Y			
3	Cl Supports	89	L N/A	Y					A R	Fireplace	/	I N/A	Y				
4	Closet Floor	0	L <input type="checkbox"/> (dust) N/A	Y					C D	Mantle	/	L N/A	Y				
	Closet Ceiling	NA	L N/A	Y					A B	Win Above 5'	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

			F M/I A/M	L N/A	Y		
			F M/I A/M	L N/A	Y		
			F M/I A/M	L N/A	Y		
			F M/I A/M	L N/A	Y		
			F M/I A/M	L N/A	Y		
			F M/I A/M	L N/A	Y		

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

Page 19 of 36

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

31 Grove St

Apt. #

City:

Salem

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	02	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	250	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	02	L N/A	Y				
A B C D	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	NA	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	02	L N/A	Y				
A B C D	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	01	F L N/A	Y				
	Threshold	02	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	150	L N/A	Y				
B	Ci Door Edge	18.3 (F)	L N/A	Y				
B	Ci Casing	110	L N/A	Y				
C	Closet Jamb	175	F L N/A	Y				
D	Closet Walls	02	L N/A	Y				
	Ci Baseboard	135	L N/A	Y				
1	Closet Pole	02	L N/A	Y				
2	Closet Shelf	140	L N/A	Y				
3	Ci Supports	120	L N/A	Y				
4	Closet Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	300	M/A/A/M	N/A	Y			
B	Win Apron	215	L N/A	Y				
C	Win Casing	260	L N/A	Y				
D	Header Stop	NA	M/A	L N/A	Y			
	Int Stops	230	M/A	L N/A	Y			
1	Win Int Sash	VA	M/A	L N/A	Y			
2	Exterior Sill	VA	M/A SF	L N/A	Y			
3	Part Bead	VA	M/A	L N/A	Y			
4	Blind Stop	VA	M/A SF	L N/A	Y			
	Win Ext Sash	VA	M/A	L N/A	Y			
A	Window Sill	/	M/A A/M	L N/A	Y			
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/A	L N/A	Y			
	Int Stops	/	M/A	L N/A	Y			
1	Win Int Sash	/	M/A	L N/A	Y			
2	Exterior Sill	/	M/A SF	L N/A	Y			
3	Part Bead	/	M/A	L N/A	Y			
4	Blind Stop	/	M/A SF	L N/A	Y			
	Win Ext Sash	/	M/A	L N/A	Y			
	Newel Post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread edge >5"	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
		/	F M/A A/M L N/A	Y				
		/	F M/A A/M L N/A	Y				
		/	F M/A A/M L N/A	Y				
		/	F M/A A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 GLOVE ST

Apt. #

City: Salem

HALLWAY: Interior # 5 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y								L N/A	Y				
A B C D	Low Walls		L N/A	Y								L N/A	Y				
A B C D	Baseboards	02	L N/A	Y								L N/A	Y				
A B C D	Chair Rail		L N/A	Y								L N/A	Y				
A B C D	Radiator		L N/A	Y								L N/A	Y				
	Floor	01	L <input type="checkbox"/> (dust)	N/A	Y							L N/A	Y				
	Ceiling	NA	L N/A	Y								L N/A	Y				
A B C D	Door	5.0	L N/A	Y								L N/A	Y				
A B C D	Door Edge	1.0	F L N/A	Y								L N/A	Y				
1 2	Door Casing	1.4	L N/A	Y								L N/A	Y				
3 4	Door Jamb	1.4	F L N/A	Y								L N/A	Y				
	Threshold		L N/A	Y								L N/A	Y				
A B C D	Door	7.0	L N/A	Y								L N/A	Y				
A B C D	Door Edge	1.3	F L N/A	Y								L N/A	Y				
1 2	Door Casing	1.6	L N/A	Y								L N/A	Y				
3 4	Door Jamb	1.3	F L N/A	Y								L N/A	Y				
	Threshold	00	L N/A	Y								L N/A	Y				
A B C D	Door		L N/A	Y								L N/A	Y				
A B C D	Door Edge		F L N/A	Y								L N/A	Y				
1 2	Door Casing	25.0	L N/A	Y								L N/A	Y				
3 4	Door Jamb	18.3	F L N/A	Y								L N/A	Y				
	Threshold	02	L N/A	Y								L N/A	Y				
A B C D	Door	35.0	L N/A	Y								L N/A	Y				
A B C D	Door Edge	26.0	F L N/A	Y								L N/A	Y				
1 2	Door Casing	21.5	L N/A	Y								L N/A	Y				
3 4	Door Jamb	22.0	F L N/A	Y								L N/A	Y				
	Threshold		L N/A	Y								L N/A	Y				
A	Closet Door	25.0	L N/A	Y								L N/A	Y				
A	CI Door Edge	19.6	F L N/A	Y								L N/A	Y				
B	CI Casing	26.3	L N/A	Y								L N/A	Y				
C	Closet Jamb	22.0	F L N/A	Y								L N/A	Y				
D	Closet Walls	01	L N/A	Y								L N/A	Y				
	CI Baseboard	2.5	L N/A	Y								L N/A	Y				
1	Closet Pole		L N/A	Y								L N/A	Y				
2	Closet Shelf	02	L N/A	Y								L N/A	Y				
3	CI Supports	01	L N/A	Y								L N/A	Y				
4	Closet Floor	01	L <input type="checkbox"/> (dust)	N/A	Y							L N/A	Y				
	Closet Ceiling	04	L N/A	Y								L N/A	Y				
	Closet Door		L N/A	Y								L N/A	Y				
A	CI Door Edge		F L N/A	Y								L N/A	Y				
B	CI Casing		L N/A	Y								L N/A	Y				
C	Closet Jamb		F L N/A	Y								L N/A	Y				
D	Closet Walls		L N/A	Y								L N/A	Y				
	CI Baseboard		L N/A	Y								L N/A	Y				
1	Closet Pole		L N/A	Y								L N/A	Y				
2	Closet Shelf		L N/A	Y								L N/A	Y				
3	CI Supports		L N/A	Y								L N/A	Y				
4	Closet Floor		L <input type="checkbox"/> (dust)	N/A	Y							L N/A	Y				
	Closet Ceiling		L N/A	Y								L N/A	Y				
A	Window Sill		M/I A/M	L N/A	Y							L N/A	Y				
B	Win Apron		L N/A	Y								L N/A	Y				
C	Win Casing		L N/A	Y								L N/A	Y				
D	Header Stop		M/I	L N/A	Y							L N/A	Y				
	Int Stops		M/I	L N/A	Y							L N/A	Y				
1	Win Int Sash		M/I	L N/A	Y							L N/A	Y				
2	Exterior Sill		M/I SF	L N/A	Y							L N/A	Y				
3	Part Bead		M/I	L N/A	Y							L N/A	Y				
4	Blind Stop		M/I SF	L N/A	Y							L N/A	Y				
	Win Ext Sash		M/I	L N/A	Y							L N/A	Y				
A	Window Sill		M/I A/M	L N/A	Y							L N/A	Y				
B	Win Apron		L N/A	Y								L N/A	Y				
C	Win Casing		L N/A	Y								L N/A	Y				
D	Header Stop		M/I	L N/A	Y							L N/A	Y				
	Int Stops		M/I	L N/A	Y							L N/A	Y				
1	Win Int Sash		M/I	L N/A	Y							L N/A	Y				
2	Exterior Sill		M/I SF	L N/A	Y							L N/A	Y				
3	Part Bead		M/I	L N/A	Y							L N/A	Y				
4	Blind Stop		M/I SF	L N/A	Y							L N/A	Y				
	Win Ext Sash		M/I	L N/A	Y							L N/A	Y				
A B C D	Win Above 5'		L N/A	Y								L N/A	Y				
	Ceiling Molding		L N/A	Y								L N/A	Y				
	Hand	01	F M/I A/M	L N/A	Y							L N/A	Y				
	Hand	01	F M/I A/M	L N/A	Y							L N/A	Y				
			F M/I A/M	L N/A	Y							L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

8/25/22

Page 21 of 30

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

31 Grove St

Apt. # -----

City: Salem

CONTINUATION OF ROOM (Hall 3)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC ME/H	DELEAD DATE	DELEAD ME/H	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC ME/H	DELEAD DATE	DELEAD ME/H
A B	Door	250	L N/A	Y						Low Cab Fram	/	L N/A	Y				
C D	Door Edge	213	F L N/A	Y					A B	Low Cab Door	/	L N/A	Y				
1 2	Door Casing	250	L N/A	Y					C D	Low Cab Walls	/	L N/A	Y				
3 4	Door Jamb	220	F L N/A	Y					#	Low Cab Shlvs	/	L N/A	Y				
	Threshold	01	L N/A	Y						Supports	/	F N/A	Y				
										Drawers	/	L N/A	Y				
A B	Door	/	L N/A	Y					A	Window Sill	/	M/I A/M	L N/A	Y			
C D	Door Edge	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
1 2	Door Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					D	Header Stop	/	M/I	L N/A	Y			
	Threshold	/	L N/A	Y						Int Stops	/	M/I	L N/A	Y			
A B	Door	/	L N/A	Y					#	Win Int Sash	/	M/I	L N/A	Y			
C D	Door Edge	/	F L N/A	Y						Exterior Sill	/	M/I SF	L N/A	Y			
1 2	Door Casing	/	L N/A	Y						Part Bead	/	M/I	L N/A	Y			
3 4	Door Jamb	/	F L N/A	Y						Blind Stop	/	M/I SF	L N/A	Y			
	Threshold	/	L N/A	Y						Win Ext Sash	/	M/I	L N/A	Y			
A B	Door	/	L N/A	Y					A	Window Sill	/	M/I A/M	L N/A	Y			
C D	Door Edge	/	F L N/A	Y					B	Win Apron	/	L N/A	Y				
1 2	Door Casing	/	L N/A	Y					C	Win Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y					D	Header Stop	/	M/I	L N/A	Y			
	Threshold	/	L N/A	Y						Int Stops	/	M/I	L N/A	Y			
									#	Win Int Sash	/	M/I	L N/A	Y			
										Exterior Sill	/	M/I SF	L N/A	Y			
										Part Bead	/	M/I	L N/A	Y			
										Blind Stop	/	M/I SF	L N/A	Y			
										Win Ext Sash	/	M/I	L N/A	Y			
									A B	Fireplace	/	L N/A	Y				
									C D	Mantel	/	L N/A	Y				
									A B	Sidelight (L)	/	L N/A	Y				
									C D	Sidelight (R)	/	L N/A	Y				
									A B	Win Above 5'	/	L N/A	Y				
									C D	Win Above 5'	/	L N/A	Y				
												F M/I A/M	L N/A				
												F M/I A/M	L N/A				
												F M/I A/M	L N/A				
												F M/I A/M	L N/A				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 25 22

Page 22 of 36

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

ROOM # 8

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	01	L N/A	Y				
A B	Low Walls		L N/A	Y				
A B	Baseboards	245	L N/A	Y				
A B	Chair Rail		L N/A	Y				
A B	Radiator	02	L N/A	Y				
C D	Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	250	L N/A	Y				
C D	Door Edge	197	F L N/A	Y				
1 2	Door Casing	260	L N/A	Y				
3 4	Door Jamb	18.3	F L N/A	Y				
	Threshold	02	L N/A	Y				
A B	Door	300	L N/A	Y				
C D	Door Edge	200	F L N/A	Y				
1 2	Door Casing	250	L N/A	Y				
3 4	Door Jamb	25	F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door	200	L N/A	Y				
C D	Door Edge	190	F L N/A	Y				
1 2	Door Casing	250	L N/A	Y				
3 4	Door Jamb	18.3	F L N/A	Y				
	Threshold	02	L N/A	Y				
	Closet Door	180	L N/A	Y				
A	Cl Door Edge	170	F L N/A	Y				
B	Cl Casing	200	L N/A	Y				
C	Closet Jamb	22.5	F L N/A	Y				
D	Closet Walls	15.2	L N/A	Y				
	Cl Baseboard	243	L N/A	Y				
1	Closet Pole	02	L N/A	Y				
2	Closet Shelf	220	L N/A	Y				
3	Cl Supports	260	L N/A	Y				
4	Closet Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	180	M/L A/M L N/A	Y				
B	Win Apron	250	L N/A	Y				
C	Win Casing	260	L N/A	Y				
D	Header Stop	NA	M/L L N/A	Y				
	Int Stops	210	M/L L N/A	Y				
1	Win Int Sash	VL	M/L L N/A	Y				
2	Exterior Sill	VL	M/L SF L N/A	Y				
3	Part Bead	VA	M/L L N/A	Y				
4	Blind Stop	VA	M/L SF L N/A	Y				
	Win Ext Sash	VA	M/L L N/A	Y				
A	Window Sill		M/L A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/L L N/A	Y				
	Int Stops		M/L L N/A	Y				
1	Win Int Sash		M/L L N/A	Y				
2	Exterior Sill		M/L SF L N/A	Y				
3	Part Bead		M/L L N/A	Y				
4	Blind Stop		M/L SF L N/A	Y				
	Win Ext Sash		M/L L N/A	Y				
A	Window Sill		M/L A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		M/L L N/A	Y				
	Int Stops		M/L L N/A	Y				
1	Win Int Sash		M/L L N/A	Y				
2	Exterior Sill		M/L SF L N/A	Y				
3	Part Bead		M/L L N/A	Y				
4	Blind Stop		M/L SF L N/A	Y				
	Win Ext Sash		M/L L N/A	Y				
A B	Fireplace		L N/A	Y				
C D	Mantle		L N/A	Y				
A B	Win Above 5'		L N/A	Y				
C D	Ceiling Molding	NA	L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				
			F M/L A/M L N/A	Y				

A - drawn 191 in closet

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

HALLWAY: Interior # 4 or

Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	02	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
AB C D	Radiator	/	L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	16.3	L N/A	Y				
C D	Door Edge	210	F L N/A	Y				
1 2	Door Casing	21.3	L N/A	Y				
3 4	Door Jamb	230	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B	Door	270	L N/A	Y				
C D	Door Edge	18.3	F L N/A	Y				
1 2	Door Casing	250	L N/A	Y				
3 4	Door Jamb	19.3	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	250	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	30.0	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B	Door	16.3	L N/A	Y				
C D	Door Edge	12.0	F L N/A	Y				
1 2	Door Casing	24.3	L N/A	Y				
3 4	Door Jamb	220	F L N/A	Y				
	Closet Door	170	L N/A	Y				
A	CI Door Edge	16.3	F L N/A	Y				
B	CI Casing	00	L N/A	Y				
C	Closet Jamb	02	F L N/A	Y				
D	Closet Walls	00	L N/A	Y				
	CI Baseboard	01	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	00	L N/A	Y				
3	CI Supports	15.3	L N/A	Y				
4	Closet Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win. Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
AB C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:



Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

HALLWAY: Interior # 4 or Common Hallway: Front Rear Floor #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	/	L N/A	Y				
A B	Low Walls	/	L N/A	Y				
A B	Baseboards	/	L N/A	Y				
A B	Chair Rail	/	L N/A	Y				
A B	Radiator	/	L N/A	Y				
	Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	/	L N/A	Y				
A B	Door	35.0	L N/A	Y				
C D	Door Edge	29.0	F L N/A	Y				
1	Door Casing	8.5	L N/A	Y				
3 4	Door Jamb	20.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	1.3	L N/A	Y				
C D	Door Edge	7.0	F L N/A	Y				
1	Door Casing	17.5	L N/A	Y				
3 4	Door Jamb	25.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	/	L N/A	Y				
	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A B	Win Above 5'	/	L N/A	Y				
C D	Ceiling Molding	/	L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				
		/	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

Page 25 of 30

Inspector (print)

Lic #

Signature

Date

1 / 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

STAIRCASE # 11A

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	NA	L N/A	Y				
	Floor	0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0	L N/A	Y				
A B C D	Door	0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0	L N/A	Y				
3 4	Door Jamb	0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	15.0	L N/A	Y				
C D	Door Edge	7.0	F L N/A	Y				
1 2	Door Casing	20.0	L N/A	Y				
3 4	Door Jamb	24.3	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	12.0	L N/A	Y				SLIDING DOOR
C D	Door Edge	11.0	L N/A	Y				
1 2	Door Casing	11.5	L N/A	Y				
3 4	Door Jamb	12.0	F L N/A	Y				
	Threshold	0	L N/A	Y				
A B C D	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Closet Door	15.3	L N/A	Y				
A	CI Door Edge	7.0	F L N/A	Y				
B	CI Casing	5.0	L N/A	Y				
C	Closet Jamb	25.0	F L N/A	Y				
D	Closet Walls	0	L N/A	Y				
	CI Baseboard	24.3	L N/A	Y				
1	Closet Pole	0	L N/A	Y				
2	Closet Shelf	0	L N/A	Y				
3	CI Supports	0	L N/A	Y				
4	Closet Floor	0	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	NA	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	0	L N/A	Y				
	Railing Cap	0	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	0	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0	F L N/A	Y				
	Risers	0.3	L N/A	Y				
	Stringer	0	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				
			F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

Page 26 of 30

Inspector (print)

Lic #

Signature

Date

1 / 1

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

STAIRCASE # 1124 TO EXTERIOR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	00	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	/	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	NA	L N/A	Y				
	Floor	00	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	NA	L N/A	Y				
A B	Door	147	L N/A	Y	SLIDING			
C D	Door Edge	/	F L N/A	Y	DOOR			
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	02	F L N/A	Y				
	Threshold	01	L N/A	Y				
A B	Door	107	L N/A	Y				
C D	Door Edge	98	E L N/A	Y				
1 2	Door Casing	113	L N/A	Y				
3 4	Door Jamb	20	F L N/A	Y				
	Threshold	01	L N/A	Y				
A B	Door	107	L N/A	Y				
C D	Door Edge	23	F L N/A	Y				
1 2	Door Casing	02	L N/A	Y				
3 4	Door Jamb	00	F L N/A	Y				
	Threshold	01	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	/	F L N/A	Y				
	Closet Door	/	L N/A	Y				
A	CI Door Edge	/	F L N/A	Y				
B	CI Casing	/	L N/A	Y				
C	Closet Jamb	/	F L N/A	Y				
D	Closet Walls	/	L N/A	Y				
	CI Baseboard	/	L N/A	Y				
1	Closet Pole	/	L N/A	Y				
2	Closet Shelf	/	L N/A	Y				
3	CI Supports	/	L N/A	Y				
4	Closet Floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	/	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	00	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	00	L N/A	Y				
D	Header Stop	01	M/I L N/A	Y				
	Int Stops	02	M/I L N/A	Y				
1	Win Int Sash	98	M/I L N/A	Y				
2	Exterior Sill	70	M/I SF L N/A	Y				
3	Part Bead	69	M/I L N/A	Y				
4	Blind Stop	43	M/I SF L N/A	Y				
	Win Ext Sash	150	M/I L N/A	Y				
A	Window Sill	/	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	/	L N/A	Y				
D	Header Stop	/	M/I L N/A	Y				
	Int Stops	/	M/I L N/A	Y				
1	Win Int Sash	/	M/I L N/A	Y				
2	Exterior Sill	/	M/I SF L N/A	Y				
3	Part Bead	/	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	/	M/I L N/A	Y				
	Newel Post	/	L N/A	Y				
	Railing Cap	01	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	02	L N/A	Y				
	Lower rail	00	L N/A	Y				
	Treads	01	F L N/A	Y				
	Risers	/	L N/A	Y				
	Stringer	00	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	/	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	/	L N/A	Y				
	Floor Casing	/	L N/A	Y				
			F M/I A/M L N/A	Y				
	D shelf	01	F M/I A/M L N/A	Y				
	Pipe	NA	F M/I A/M L N/A	Y				
	D gables	22	F M/I A/M L N/A	Y				
	Panel	02	F M/I A/M L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 288 SQ. IN.)

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems

Vendy Tran

4085

Vendy Tran

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 31 Grove St

Apt #

City: Salem

PORCH A (side) 1st (floor)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	03	L N/A	Y					A B	Window Sill		AM L N/A	Y				
C D	Corner Boards		L N/A	Y					C D	Win Casing	22	L N/A	Y				
	Upper Trim	N/A	L N/A	Y					1 2	Window Sash	19	L N/A	Y				
	Ceiling	N/A	L N/A	Y					3 4	Mullions		L N/A	Y				
	Joists		L N/A	Y					A B	Window Sill		AM L N/A	Y				
	Storm Door		L N/A	Y					C D	Win Casing	25	L N/A	Y				
A B	Strm Door Edge		F L N/A	Y					1 2	Window Sash	18	L N/A	Y				
C D	Door	NC	L N/A	Y					3	Mullions		L N/A	Y				
	Door Edge		F L N/A	Y						Support Clmns	20	L N/A	Y				
1 2	Door Casing	78	L N/A	Y						Newel post		L N/A	Y				
3 4	Door Jamb	29	F L N/A	Y						Railing Cap		AM L N/A	Y				
	Threshold	01	L N/A	Y						Handrail		AM L N/A	Y				
	Kickplate		L N/A	Y						Balusters		L N/A	Y				
	Storm Door		L N/A	Y						Lower Rail		L N/A	Y				
A B	Strm Door Edge		F L N/A	Y						Treads		F L N/A	Y				
C D	Door		L N/A	Y						Risers		L N/A	Y				
1 2	Door Casing	400	L N/A	Y						Stringer		L N/A	Y				
3 4	Door Jamb	420	F L N/A	Y						Tread Edge		L N/A	Y				
	Threshold		L N/A	Y						Lower Walls	28	L N/A	Y				
	Kickplate		L N/A	Y						Lattice		L N/A	Y				
A B	Window Sill		AM L N/A	Y						Lower Trim		L N/A	Y				
C D	Win Casing	3.2	L N/A	Y						Floor		L (dust)* N/A	Y				
1 2	Window Sash	21	L N/A	Y						Sidewalk	135	F MI A/M L N/A	Y				
3 4	Mullions		L N/A	Y						baseboard	285	F MI A/M L N/A	Y				
A B	Window Sill		AM L N/A	Y								F MI A/M L N/A	Y				
C D	Win Casing	17	L N/A	Y								F MI A/M L N/A	Y				
1 2	Window Sash	35	L N/A	Y								F MI A/M L N/A	Y				
3 4	Mullions		L N/A	Y								F MI A/M L N/A	Y				
A B	Window Sill		AM L N/A	Y								F MI A/M L N/A	Y				
C D	Win Casing	20	L N/A	Y								F MI A/M L N/A	Y				
1 2	Window Sash	18	L N/A	Y								F MI A/M L N/A	Y				
3 4	Mullions		L N/A	Y								F MI A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

(dust)* - Applies only to porches used as interior space

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.)	IC DATE	IC METHOD

Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more A/M surfaces with adhesion problems.

Vendy Tran

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR A Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH		
A	Siding	250	L N/A	Y					A	Window Sill	A/M	L N/A	Y						
	Corner Boards	40	L N/A	Y						#3	Win Casing	98	L N/A	Y					
	Lower Trim		L N/A	Y						#3	Window Sash	27	L N/A	Y					
	Upper Trim	NA	L N/A	Y						A	Cellar Win Sill		A/M	L N/A	Y				
	Win Above 5'	NA	L N/A	Y							Cell Win Frame			L N/A	Y				
	Porch Above 5'		L N/A	Y							Cell Win Sash			L N/A	Y				
A	Storm Door		L N/A	Y					#	Screen Frame			L N/A	Y					
	Strm Door Edge		F	L N/A	Y					Cellar Win Sill		A/M	L N/A	Y					
	Door		L N/A	Y						Cell Win Frame			L N/A	Y					
	1 2	Door Edge		F	L N/A	Y			#	Cell Win Sash			L N/A	Y					
	3 4	Door Casing		L N/A	Y					Screen Frame			L N/A	Y					
		Door Jamb		F	L N/A	Y				Cellar Win Sill		A/M	L N/A	Y					
		Threshold		L N/A	Y				A	Cell Win Frame			L N/A	Y					
		Kickplate		L N/A	Y					Cell Win Sash			L N/A	Y					
	Storm Door		L N/A	Y				Screen Frame				L N/A	Y						
A	Strm Door Edge		F	L N/A	Y				A	Foundation	02		L N/A	Y					
	Door		L N/A	Y						Bulkhead			L N/A	Y					
	1 2	Door Edge		F	L N/A	Y				Fences			L N/A	Y					
	3 4	Door Casing		L N/A	Y				Shutters			L N/A	Y						
		Door Jamb		F	L N/A	Y			A	Newel post			L N/A	Y					
		Threshold		L N/A	Y					Railing Cap		A/M	L N/A	Y					
		Kickplate		L N/A	Y					Handrail		A/M	L N/A	Y					
		Door		L N/A	Y					Balusters			L N/A	Y					
1 2	Door Edge		F	L N/A	Y			Lower Rail				L N/A	Y						
3 4	Door Casing		L N/A	Y				Treads		F	L N/A	Y							
	Door Jamb		F	L N/A	Y			Risers			L N/A	Y							
	Threshold		L N/A	Y				Tread edge			L N/A	Y							
	Kickplate		L N/A	Y				Landing floor			L N/A	Y							
A	Window Sill		A/M	L N/A	Y				Stringer			L N/A	Y						
	Win Casing	24	L N/A	Y					Lattice			L N/A	Y						
	#1	Window Sash	74	L N/A	Y				Drain Pipes			L N/A	Y						
A	Window Sill		A/M	L N/A	Y				A	Elec Conduit			L N/A	Y					
	Win Casing	98	L N/A	Y				Oil Fill Pipe				L N/A	Y						
	#2	Window Sash	43	L N/A	Y					Overhang Trim			L N/A	Y					
COMMENTS / STRUCTURAL DEFECTS:									A	Lamp Post			L N/A	Y					
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)									A	94	F M/A	A/M	L N/A	Y					
									A			F M/A	A/M	L N/A	Y				
									Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)										
LOCATION			AREA MEASUREMENT			RESULT	REMED	REMED											
			(Square Feet)			(PPM)	DATE	METH											
Play Area																			
Bare Soil																			
Comments:																			

Vendy Tran

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR A Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH																				
A	Siding	/	L N/A	Y					A	Window Sill	/	A/M L N/A	Y																								
	Corner Boards	/	L N/A	Y						#10	Win Casing	62	L N/A	Y																							
	Lower Trim	/	L N/A	Y							Window Sash	54	L N/A	Y																							
	Upper Trim	/	L N/A	Y						#	Cellar Win Sill	/	A/M L N/A	Y																							
	Win Above 5'	/	L N/A	Y							Cell Win Frame	/	L N/A	Y																							
	Porch Above 5'	/	L N/A	Y							Cell Win Sash	/	L N/A	Y																							
A	Storm Door	/	L N/A	Y						Screen Frame	/	L N/A	Y																								
	Strm Door Edge	/	F L N/A	Y					A	Cellar Win Sill	/	A/M L N/A	Y																								
	Door	/	L N/A	Y						Cell Win Frame	/	L N/A	Y																								
	Door Edge	/	F L N/A	Y						Cell Win Sash	/	L N/A	Y																								
	1 2	Door Casing	/	L N/A	Y					#	Screen Frame	/	L N/A	Y																							
		Door Jamb	/	F L N/A	Y						Cellar Win Sill	/	A/M L N/A	Y																							
	3 4	Threshold	/	L N/A	Y					A	Cell Win Frame	/	L N/A	Y																							
		Kickplate	/	L N/A	Y						Cell Win Sash	/	L N/A	Y																							
Storm Door		/	L N/A	Y					Screen Frame		/	L N/A	Y																								
Strm Door Edge		/	F L N/A	Y					Foundation		/	L N/A	Y																								
A	Door	/	L N/A	Y					A	Bulkhead	/	L N/A	Y																								
	Door Edge	/	F L N/A	Y						Fences	/	L N/A	Y																								
	Door Casing	/	L N/A	Y						Shutters	/	L N/A	Y																								
	Door Jamb	/	F L N/A	Y						Newel post	/	L N/A	Y																								
	Threshold	/	L N/A	Y						Railing Cap	/	A/M L N/A	Y																								
	Kickplate	/	L N/A	Y						Handrail	/	A/M L N/A	Y																								
A	Door	/	L N/A	Y					A	Balusters	/	L N/A	Y																								
	Door Edge	/	F L N/A	Y						Lower Rail	/	L N/A	Y																								
	Door Casing	/	L N/A	Y						Treads	/	F L N/A	Y																								
	Door Jamb	/	F L N/A	Y						Risers	/	L N/A	Y																								
	Threshold	/	L N/A	Y						Tread edge	/	L N/A	Y																								
#4	Window Sill	/	A/M L N/A	Y					Landing floor	/	L N/A	Y																									
	Win Casing	28	L N/A	Y					Stringer	/	L N/A	Y																									
	Window Sash	78	L N/A	Y					Lattice	/	L N/A	Y																									
A	Window Sill	/	A/M L N/A	Y					A	Drain Pipes	/	L N/A	Y																								
	Win Casing	52	L N/A	Y						Elec Conduit	/	L N/A	Y																								
	Window Sash	43	L N/A	Y						Oil Fill Pipe	/	L N/A	Y																								
COMMENTS / STRUCTURAL DEFECTS:									Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)																												
EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)									<table border="1"> <thead> <tr> <th>LOCATION</th> <th>AREA MEASUREMENT (Square Feet)</th> <th>RESULT (PPM)</th> <th>REMED DATE</th> <th>REMED METH</th> </tr> </thead> <tbody> <tr> <td>Play Area</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bare Soil</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Comments:</td> </tr> </tbody> </table>									LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH	Play Area					Bare Soil					Comments:				
LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH																																	
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SIDE	LOCATION	MEASURE: LOOSE PAINT		IC DATE	IC METHOD																																
A																																					
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Vendy Tran

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Vendy Tran

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	01	L N/A	Y				
B	Corner Boards		L N/A	Y				
B	Lower Trim		L N/A	Y				
B	Upper Trim	NA	L N/A	Y				
B	Win Above 5'	NA	L N/A	Y				
B	Porch Above 5'		L N/A	Y				
B	Storm Door		L N/A	Y				
B	Strm Door Edge		F L N/A	Y				
1 2	Door	NA	L N/A	Y				boarded up
3 4	Door Edge	NA	F L N/A	Y				up
3 4	Door Casing	NA	L N/A	Y				
B	Door Jamb	NA	F L N/A	Y				
B	Threshold		L N/A	Y				
B	Kickplate		L N/A	Y				
B	Storm Door		L N/A	Y				
B	Strm Door Edge		F L N/A	Y				
1 2	Door	0W	L N/A	Y				boarded up
3 4	Door Edge	0W	F L N/A	Y				up
3 4	Door Casing	0W	L N/A	Y				
B	Door Jamb	NA	F L N/A	Y				
B	Threshold		L N/A	Y				
B	Kickplate		L N/A	Y				
B	Door	03	L N/A	Y				
1 2	Door Edge	03	F L N/A	Y				
3 4	Door Casing	03	L N/A	Y				
B	Door Jamb		F L N/A	Y				
B	Threshold	02	L N/A	Y				
B	Kickplate		L N/A	Y				
B	Window Sill	03	A/M L N/A	Y				
#1	Win Casing	03	L N/A	Y				
#1	Window Sash	0W	L N/A	Y				
B	Window Sill	03	A/M L N/A	Y				
#2	Win Casing	0W	L N/A	Y				
#2	Window Sash	0W	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
B				
B				
B				
B				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	03	A/M L N/A	Y				
#3	Win Casing	03	L N/A	Y				boarded up
#3	Window Sash	0W	L N/A	Y				up
B	Cellar Win Sill		A/M L N/A	Y				
B	Cel Win Frame	NA	L N/A	Y				
#1	Cel Win Sash	NA	L N/A	Y				
#1	Screen Frame	01	L N/A	Y				
B	Cellar Win Sill	0W	A/M L N/A	Y				boarded up
#2	Cel Win Frame	0W	L N/A	Y				up
#2	Cel Win Sash	0W	L N/A	Y				
#2	Screen Frame	0W	L N/A	Y				
B	Cellar Win Sill		A/M L N/A	Y				
B	Cel Win Frame		L N/A	Y				
#	Cel Win Sash		L N/A	Y				
#	Screen Frame		L N/A	Y				
B	Foundation	03	L N/A	Y				
B	Bulkhead		L N/A	Y				
B	Fences		L N/A	Y				
B	Shutters		L N/A	Y				
B	Newel post		L N/A	Y				
B	Railing Cap		A/M L N/A	Y				
B	Handrail	03	A/M L N/A	Y				
B	Balusters	01	L N/A	Y				
B	Lower Rail	02	L N/A	Y				
B	Treads		F L N/A	Y				
B	Risers		L N/A	Y				
B	Tread edge		L N/A	Y				
B	Landing floor		L N/A	Y				
B	Stringer		L N/A	Y				
B	Lattice		L N/A	Y				
B	Drain Pipes	03	L N/A	Y				
B	Elec Conduit		L N/A	Y				
B	Oil Fill Pipe		L N/A	Y				
B	Overhang Trim		L N/A	Y				
B	Support Clmns	03	L N/A	Y				
B	Sidelite	03	F/M L N/A	Y				
B			F/M A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Vendy Tran

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Inspector (print)

Lic #

Signature

Date

Vendy Tran

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	/	L N/A	Y				
B	Corner Boards	/	L N/A	Y				
B	Lower Trim	/	L N/A	Y				
B	Upper Trim	/	L N/A	Y				
B	Win Above 5'	/	L N/A	Y				
B	Porch Above 5'	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Door	/	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	/	L N/A	Y				
B	Door Jamb	/	F L N/A	Y				
B	Threshold	/	L N/A	Y				
B	Kickplate	/	L N/A	Y				
B	Window Sill	NC	A/M L N/A	Y				
B	Win Casing	W3	L N/A	Y				
#4	Window Sash	OW	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
B				
B				
B				
B				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	/	A/M L N/A	Y				
B	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
B	Cellar Win Sill	/	A/M L N/A	Y				
B	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Cellar Win Sill	/	A/M L N/A	Y				
B	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Cellar Win Sill	/	A/M L N/A	Y				
B	Cel Win Frame	/	L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Foundation	/	L N/A	Y				
B	Bulkhead	/	L N/A	Y				
B	Fences	/	L N/A	Y				
B	Shutters	/	L N/A	Y				
B	Newel post	/	L N/A	Y				
B	Railing Cap	/	A/M L N/A	Y				
B	Handrail	/	A/M L N/A	Y				
B	Balusters	/	L N/A	Y				
B	Lower Rail	/	L N/A	Y				
B	Treads	/	F L N/A	Y				
B	Risers	/	L N/A	Y				
B	Tread edge	/	L N/A	Y				
B	Landing floor	/	L N/A	Y				
B	Stringer	/	L N/A	Y				
B	Lattice	/	L N/A	Y				
B	Drain Pipes	/	L N/A	Y				
B	Elec Conduit	/	L N/A	Y				
B	Oil Fill Pipe	/	L N/A	Y				
B	Overhang Trim	/	L N/A	Y				
B	Support Clms	/	L N/A	Y				
B		/	F M/A/M L N/A	Y				
B		/	F M/A/M L N/A	Y				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Vendy Tran

4085

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR C Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	0.2	L N/A	Y				
	Corner Boards		L N/A	Y				
	Lower Trim		L N/A	Y				
	Upper Trim	N/A	L N/A	Y				
	Win Above 5'	N/A	L N/A	Y				
	Porch Above 5'		L N/A	Y				
C	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	Door	N/A	L N/A	Y	wooded			
	1 2 Door Edge	N/A	F L N/A	Y	W/P			
	3 4 Door Casing	N/A	L N/A	Y				
	Door Jamb	N/A	F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
C	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
	1 2 Door		L N/A	Y				
	2 3 Door Edge		F L N/A	Y				
	3 4 Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
Kickplate		L N/A	Y					
C	Door		L N/A	Y				
	1 2 Door Edge		F L N/A	Y				
	2 3 Door Casing		L N/A	Y				
	3 4 Door Jamb		F L N/A	Y				
	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
C	Window Sill	A/M	L N/A	Y				
	# Win Casing		L N/A	Y				
	Window Sash		L N/A	Y				
C	Window Sill	A/M	L N/A	Y				
	# Win Casing		L N/A	Y				
	Window Sash		L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Window Sill		A/M L N/A	Y				
	# Win Casing		L N/A	Y				
#	Window Sash		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
	Cel Win Frame		L N/A	Y				
#	Cel Win Sash		L N/A	Y				
	Screen Frame		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
C	Cel Win Frame		L N/A	Y				
	# Cel Win Sash		L N/A	Y				
	Screen Frame		L N/A	Y				
#	Cellar Win Sill		A/M L N/A	Y				
	Cel Win Frame		L N/A	Y				
	Cel Win Sash		L N/A	Y				
C	Screen Frame		L N/A	Y				
	Foundation	0.3	L N/A	Y				
	C Bulkhead		L N/A	Y				
C	Fences		L N/A	Y				
	Shutters		L N/A	Y				
	Newel post		L N/A	Y				
C	Railing Cap		A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower Rail		L N/A	Y				
	Treads		F L N/A	Y				
	Risers		L N/A	Y				
	Tread edge		L N/A	Y				
	Landing floor		L N/A	Y				
	Stringer		L N/A	Y				
	Lattice		L N/A	Y				
C	Drain Pipes		L N/A	Y				
	Elec Conduit		L N/A	Y				
	Oil Fill Pipe		L N/A	Y				
	Overhang Trim		L N/A	Y				
C	Support Cimms		L N/A	Y				
C			F M/A/M L N/A	Y				
C			F M/A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
C				
C				
C				
C				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

Vendy Tran

4085

Vendy Tran

08 / 25 / 22

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Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic#

Signature

Date

Address of Property: 31 Grove St

Apt. #

City: Salem

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	24	L N/A	Y				
D	Corner Boards		L N/A	Y				
D	Lower Trim		L N/A	Y				
D	Upper Trim	NA	L N/A	Y				
D	Win Above 5'	NA	L N/A	Y				
D	Porch Above 5'		L N/A	Y				
D	Storm Door	NA	L N/A	Y				
D	Strm Door Edge		F L N/A	Y				
D	Door		L N/A	Y				
1 2	Door Edge		F L N/A	Y				
3 4	Door Casing	58	L N/A	Y				
D	Door Jamb	02	F L N/A	Y				
D	Threshold		L N/A	Y				
D	Kickplate		L N/A	Y				
D	Storm Door		L N/A	Y				
D	Strm Door Edge		F L N/A	Y				
D	Door		L N/A	Y				
1 2	Door Edge		F L N/A	Y				
3 4	Door Casing	04	L N/A	Y				
D	Door Jamb	01	F L N/A	Y				
D	Threshold		L N/A	Y				
D	Kickplate		L N/A	Y				
D	Door		L N/A	Y				
1 2	Door Edge		F L N/A	Y				
3 4	Door Casing		L N/A	Y				
D	Door Jamb		F L N/A	Y				
D	Threshold		L N/A	Y				
D	Kickplate		L N/A	Y				
D	Window Sill	24	A/M L N/A	Y				
D	Win Casing	86	L N/A	Y				
#	Window Sash	01	L N/A	Y				
D	Window Sill		A/M L N/A	Y				
D	Win Casing		L N/A	Y				
#	Window Sash		L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Window Sill		A/M L N/A	Y				
D	Win Casing		L N/A	Y				
#	Window Sash		L N/A	Y				
D	Cellar Win Sill		A/M L N/A	Y				
#	Cel Win Frame	54	L N/A	Y				
#	Cel Win Sash	NA	L N/A	Y				
#	Screen Frame		L N/A	Y				
D	Cellar Win Sill		A/M L N/A	Y				
#	Cel Win Frame		L N/A	Y				
#	Cel Win Sash		L N/A	Y				
#	Screen Frame		L N/A	Y				
D	Cellar Win Sill		A/M L N/A	Y				
#	Cel Win Frame		L N/A	Y				
#	Cel Win Sash		L N/A	Y				
#	Screen Frame		L N/A	Y				
D	Foundation	02	L N/A	Y				
D	Bulkhead		L N/A	Y				
D	Fences		L N/A	Y				
D	Shutters	00	L N/A	Y				
D	Newel post		L N/A	Y				
D	Railing Cap		A/M L N/A	Y				
D	Handrail	00	A/M L N/A	Y				MUT
D	Balusters	00	L N/A	Y				
D	Lower Rail	00	L N/A	Y				1-2
D	Treads	00	F L N/A	Y				
D	Risers	00	L N/A	Y				
D	Tread edge		L N/A	Y				
D	Landing floor		L N/A	Y				
D	Stringer		L N/A	Y				
D	Lattice		L N/A	Y				
D	Drain Pipes	NA	L N/A	Y				
D	Elec Conduit	MUT	L N/A	Y				
D	Oil Fill Pipe		L N/A	Y				
D	Overhang Trim		L N/A	Y				
D	Support Clms	12	L N/A	Y				
D	Siding	25	F/M L N/A	Y				
D			F/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleader (MORE THAN 2880 SQ. IN.)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD
D				
D				
D				
D				

Soil Test Results (Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments: