

Asbestos and Lead-Based Paint Survey Checklist

Project Name:

Project Address:

Survey Date:

Survey Performed By:

Asbestos Survey

Item	Yes	No	Comments
Previous asbestos survey available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Suspect materials identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Samples collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Laboratory analysis completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Results indicate asbestos present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asbestos abatement required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Lead-Based Paint Survey

Item	Yes	No	Comments
Previous lead-based paint survey available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Painted surfaces inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Samples collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Laboratory analysis completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lead-based paint present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lead abatement required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Surveyor Signature: _____

Date Signed: