

Lead-Based Paint Potential Assessment Checklist

Property Address

Inspector Name

Date

General Information

Year Building was Constructed

Building Type

Assessment Areas

Area/Feature	Yes	No	Comments
Peeling, chipping, or cracking paint observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Painted surfaces disturbed/damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Visible dust or paint chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Deteriorated window or door frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Renovation or painting history unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Notes / Recommendations

Inspector Signature

