



RHODE ISLAND HOUSING RESOURCES COMMISSION  
MITIGATION CLEARANCE INSPECTION REPORT



TYPE OF INSPECTION

Independent Clearance Inspection

Presumptive Compliance

**Address Inspected**

No./Street Address	<b>10 Railroad St.</b>	City/State <b>Providence, RI</b>	Zip Code <b>02901</b>
Total Units: <b>140</b>	Unit # <b>2<sup>nd</sup> Floor</b>	Plat/Lot <b>09/799</b>	Year Built <b>1939</b>

**Owner Information**

Name	<b>Steve Grogan</b>	No./Street Address	<b>150 Winter St.</b>
City/State	<b>Waltham, MA</b>	Zip Code	<b>02451</b>
Home Phone		Work Phone	<b>781-999-9999</b>

**Tenant Information**

Name Tony Eason Children under 6  YES  NO

Year(s) resided in the unit: 12 years

**Lead Inspection/ Technician Information**

Lead Inspector Name Neil M. LaFrance Lic. # ELI-0014

Lead Inspector Signature

Inspector Technician Name Lic. #

Inspector Technician Signature

Date Inspected: 9/12/2007 Time: 10:30:00 AM

**Reason For Inspection**

- Independent Clearance Inspection
- Visual Inspection
- Tenant Complaint
- Private Client – Property Transfer
- Presumptive Compliance
- Private Client
- Code Enforcement
- Other \_\_\_\_\_

**Notice to Owner:** R.I. Lead Hazard Mitigation Regulations allow certified Lead Inspectors and/or Lead Inspector Technicians to verify that the unit tested has met the required standards based on professional expertise. You are advised to discuss this issue with your inspector in detail prior to inspection.

**THIS REPORT SERVES AS A NOTICE THAT THE UNIT MITIGATED HAS SUCCESSFULLY PASSED THE STANDARDS ESTABLISHED UNDER THE LEAD HAZARD MITIGATION REGULATIONS.**

## CLEARANCE INSPECTION

Property Address: 10 Railroad St., Providence, RI

Unit: 2<sup>nd</sup> Floor

Date: 9/12/2007

Inspector Name: Neil M. LaFrance

License #: ELI-0014

<b>Visual Inspection:</b>	Passed <input checked="" type="checkbox"/>	Inspection Failed: <input type="checkbox"/>	<b>Time of Inspection:</b> 10:30:00 AM
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|-----------------------------|------------------------------|--|
| 1. INTERIOR PAINT HAZARD[S] | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. EXTERIOR PAINT HAZARD[S] | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. DUST HAZARD[S] _____     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4. SOIL HAZARD[S] _____     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. FRONT COMMON HAZARD[S]   | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. REAR COMMON HAZARD[S]    | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

<b>INTERIOR ROOMS:</b>
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Room #	Room Name	Paint Hazards		
		YES	NO	
1	Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
2	Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
3	Bathroom 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
4	Bedroom 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
5	Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
6	Stair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
7	Bedroom 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
8	Bathroom 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
9		<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	
12	Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
13	Main Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
14	Secondary egress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None

<b>EXTERIOR:</b>
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Side #	Side Name	Paint Hazards		
		YES	NO	
1	West	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
2	North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
3	East	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
4	South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None

**Comments:**

Inspector Initial

Date 9/12/2007

Time 10:30:00 AM

**INTERIOR DUST CLEARANCE:**

City/Street 10 Railroad St., Providence, RI Floor/Unit Number **2<sup>nd</sup> Floor**

Sampling Method: Wet Wipe

Sampling Date **9/12/2007** Laboratory Utilized ProScience Analytical

Testing Location	Paint Chips (Y / N)	Area Sampled (dimension)	Lab Sample #			Micrograms/ square foot (µg/ft <sup>2</sup> ) Result		Hazard Assessment F/S/H
Kitchen Floor	N	12 x 12	D212A-01			22.8		S
Bedroom 1 Carpet	N	12 x 12	D212A-02			19		F
Living Room Sill	N	2 x 43.75	D212A-03			49.8		S
Field Blank			D222A-04			BDL		F

**Key to Headings**

**Hazard Assessment:** F = Lead-Free S = Lead-Safe H = Lead Hazard  
**BDL** = Below Detection Limits

Comments:

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**Note to Property Owner:** A complete report must include a copy of the laboratory results from the Laboratory Company identified above.

Inspector Initial 

Date **9/12/2007**

Time **10:30:00 AM**