



Titan Lead Testing, LLC
 PO Box 760709
 Melrose, MA 02176

Tel: 781-799-8763
 Fax: 781-662-3300

Lead Inspection / Risk Assessment

St.# 114 Street Name CENTRE Street Type ST Unit -----
 City QUINCY Zip Code 02169

Owner Name: Chen Wenjie
 Owner Address: 114 Centre St., Quincy, MA 02169
 Contact Information: Tel # (617) 712-8752 email: jie3329@gmail.com
 Client Name (if different from owner): _____
 Client Address: _____

Number of Rooms in Unit: 9
 Property Type:
 Single Family
 Multi Family # of Units: 2
 Condominium # of Units: _____
 Day Care Other: _____

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				

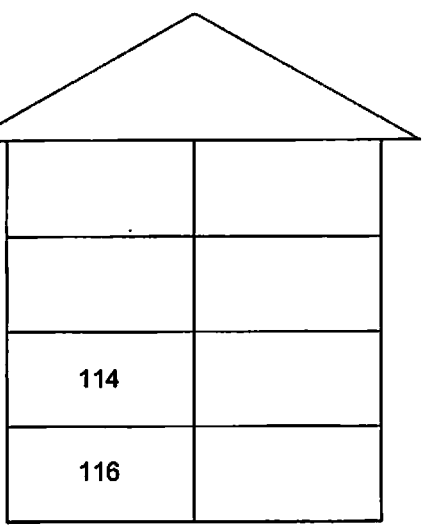
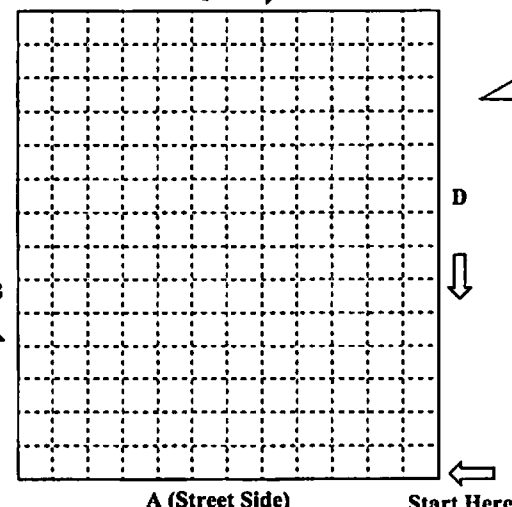
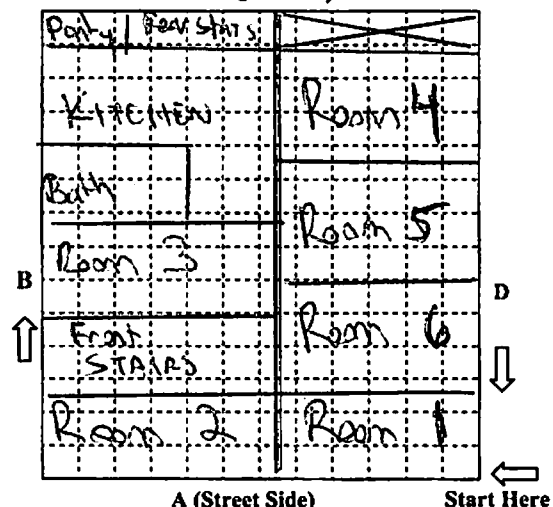
Laundry in Basement? Yes No
 Finished Space in Basement? Yes No
 Possible Pb Water Service Line
 Yes No Not Tested
 Testing Method Used
 Na₂S Expiration Date: / /
 X-Ray Fluorescence
 Model: Pb200i Serial # 1645

Comments / Notes: _____

Demarcation Lines
 Submitted for Compliance Evaluation

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

Property Diagram / Unit Labels



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

David Pesce
 Inspector's Name (print)
 LL/RA - revised 06/17

M-4025
 License #

[Signature]
 Signature

10 / 19 / 22
 Date

INSPECTION HISTORY

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

 Y
 N

Inspector Name: _____, Lic# _____

Signature _____

Comprehensive Initial Inspection				
1	0	1	9	2
Lead Hazards?				

 Y
 N

Inspector Name: **David Pesce**, Lic# **4025**

Signature _____

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

 Y
 N

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"/>
Lead Hazards?				

 Y
 N

Inspector Name: _____, Lic# _____

Signature _____

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

 Y
 N

Inspector Name: _____, Lic# _____

Signature _____

Walk Through for Ed/Consultation				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

Visual Portion of Reocc. Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

Dust Taken for Reocc. Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

Dust Taken for Reocc. Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

Visual Portion of Final Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

Visual Portion of Final Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

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"/>

 P
 F

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"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

INTERIM CONTROL

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

 Y
 N

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"/>
Urgent Pb. Hazards?				

 Y
 N

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"/>

 P
 F

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"/>

 P
 F

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"/>

 P
 F

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"/>

 P
 F

R.A. Name: _____, Lic# _____

Signature _____

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

 Y
 N

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"/>

 P
 F

R.A. Name: _____, Lic# _____

Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

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

 Y
 N

Inspector Name: _____, Lic# _____

Signature _____

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

 Y
 N

Inspector Name: _____, Lic# _____

Signature _____

Visual Portion of PCAD Reinspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

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

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

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

 P
 F

Inspector Name: _____, Lic# _____

Signature _____

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

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 Decoding 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 _____

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 _____

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.

DAVID PESCE

M-4025

David Pesce

10-19-2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls		L N/A	Y				
A B C D	Baseboards	6.7	L N/A	Y				
A B C D	Chair Rail		L N/A	Y				
A B	Radiator	0.2	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A/B	Door		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	5.6	L N/A	Y				
3 4	Door Jamb	5.1	F L N/A	Y				
	Threshold	6.2	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	6.3	L N/A	Y				
3 4	Door Jamb	6.0	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	Closet Door		L N/A	Y				
B	Cl Door Edge		F L N/A	Y				
C	Cl Casing	6.2	L N/A	Y				
D	Closet Jamb	5.8	F L N/A	Y				
	Closet Walls	2.1	L N/A	Y				
1	Cl Baseboard		L N/A	Y				
2	Closet Pole		L N/A	Y				
3	Closet Shelf	6.3	L N/A	Y				
4	Cl Supports	6.0	L N/A	Y				
	Closet Floor	2.4	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	2.1	L N/A	Y				
			F M/A/M L N/A	Y				
			F M/A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	4.7	M/A	L N/A	Y			
B	Win Apron	4.9	L N/A	Y				
C	Win Casing	5.6	L N/A	Y				
D	Header Stop	5.1	M/A	L N/A	Y			
	Int Stops	3.6	M/A	L N/A	Y			
1	Win Int Sash	UR	M/A	L N/A	Y			
2	Exterior Sill	UR	M/A SF	L N/A	Y			
3	Part Bead	UR	M/A	L N/A	Y			
4	Blind Stop		M/A SF	L N/A	Y			
	Win Ext Sash	UR	M/A	L N/A	Y			
A	Window Sill	4.9	M/A	L N/A	Y			
B	Win Apron	4.0	L N/A	Y				
C	Win Casing	3.7	L N/A	Y				
D	Header Stop	3.2	M/A	L N/A	Y			
	Int Stops	4.2	M/A	L N/A	Y			
1	Win Int Sash	UR	M/A	L N/A	Y			
2	Exterior Sill	UR	M/A SF	L N/A	Y			
3	Part Bead	UR	M/A	L N/A	Y			
4	Blind Stop		M/A SF	L N/A	Y			
	Win Ext Sash	UR	M/A	L N/A	Y			
A	Window Sill		M/A	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			
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	Fireplace		L N/A	Y				
C D	Mantle		L N/A	Y				
A B C D	Win Above 5'		L N/A	Y				
	Ceiling Molding		L N/A	Y				
B	Up Wall	0.0	L N/A	Y				
C	Up Wall	0.1	L N/A	Y				
D	Up Wall	0.0	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 114 Centre St

Apt #

City: Quincy, MA

ROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	.	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	.	L N/A	Y				
A B C D	Radiator	.	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.2	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	.	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	18.0	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				
B	Cl Door Edge	.	F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L <input type="checkbox"/> (dust) 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				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.3	M I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.1	M I L N/A	Y				
	Int Stops	0.2	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	.	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	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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	0.9	L N/A	Y				
B	Up Wall	0.2	L N/A	Y				
C	Up Wall	0.1	L N/A	Y				
D	Up Wall	0.2	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

STAIRCASE # FRONT 1st to 2nd

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.1	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.0	L N/A	Y				
A B	Door 1st	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	6.1	L N/A	Y				
A B	Door 2nd	0.1	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door 2nd	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	0.0	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				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI <input type="checkbox"/> L N/A	Y				
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI L N/A	Y				
	Newel Post	0.0	L N/A	Y				
	Railing Cap	0.2	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	0.1	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.2	F L N/A	Y				
	Risers	0.3	L N/A	Y				
	Stringer	0.1	L N/A	Y				
	Tread edge >5	.	L N/A	Y				
	Landing floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	0.2	L N/A	Y				
	Floor Casing	0.1	L N/A	Y				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	L N/A	Y				
b	Up Walls	0.2	L N/A	Y				
c	Up Walls	0.1	L N/A	Y				
d	Up Walls	0.1	L N/A	Y				
D	pipe	0.1	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:

* = metal



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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 8 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.0	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.2	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	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	0.0	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	0.2	L N/A	Y				
D	Closet Jamb	0.0	F L N/A	Y				
	Closet Walls	0.1	L N/A	Y				
1	Cl Baseboard	0.0	L N/A	Y				
2	Closet Pole	0.1	L N/A	Y				
3	Closet Shelf	0.2	L N/A	Y				
4	Cl Supports	0.0	L N/A	Y				
	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.2	L N/A	Y				
		/	F M I A/M L N/A	Y				
		/	F M I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.2	M I A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.2	M I L N/A	Y				
	Int Stops	0.2	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	.	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	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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	.	L N/A	Y				
B	Up Wall	0.0	L N/A	Y				
C	Up Wall	0.1	L N/A	Y				
D	Up Wall	0.0	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

DAVID PESCE

M-4025

David Pesce

10 - 19 - 2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 114 Centre St

Apt #

City: Quincy, MA

BATHROOM #

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	6.9	L N/A	Y				
A	Low Walls	file	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	0.2	L N/A	Y				
	Floor	file	L (dust) N/A	Y				
	Ceiling	0.3	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	file	L N/A	Y				
3 4	Door Jamb	50.0	F L N/A	Y				
	Threshold	NG	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				
B	CI Door Edge	.	F L N/A	Y				
C	CI Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	CI Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	CI Supports	.	L N/A	Y				
	Closet Floor	.	L (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
A B C D	Medicine Cab	0.0	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	.	L N/A	Y				
		.	F MI A/M L N/A	Y				
		.	F MI 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 Shlvs	.	L N/A	Y				
3 4	Supports	.	L N/A	Y				
	Low Cab Fram	0.2	L N/A	Y				
A B	Low Cab Door	0.0	L N/A	Y				
C D	Low Cab Walls	0.0	L N/A	Y				
	Low Cab Shlvs	0.1	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	0.0	L N/A	Y				
A	Window Sill	file	MI A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	file	L N/A	Y				
D	Header Stop	2.1	MI L N/A	Y				
	Int Stops	1.2	MI L N/A	Y				
1	Win Int Sash	UR	MI L N/A	Y				
2	Exterior Sill	UR	MI SF L N/A	Y				
3	Part Bead	UR	MI L N/A	Y				
4	Blind Stop	/	MI SF L N/A	Y				
	Win Ext Sash	UR	MI L N/A	Y				
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI L N/A	Y				
b	Up Walls	file	L N/A	Y				
b	Low Walls	file	L N/A	Y				
c	Up Walls	6.0	L N/A	Y				
c	Low Walls	file	L N/A	Y				
d	Up Walls	6.3	L N/A	Y				
d	Low Walls	file	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)

SIDE	LOCATION	MEASURE: LOOSE PAINT	IC DATE	IC METHOD

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

KITCHEN

pg 1/2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	6.3	L N/A	Y				
A	Low Walls	0.1	L N/A	Y				
A B C D	Baseboards	0.3	L N/A	Y				
A B C D	Chair Rail	0.0	L N/A	Y				
A B C	Radiator	0.2	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust)	N/A	Y			
	Ceiling	0.2	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	NK	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	.	L N/A	Y				
B	Cl Door Edge	.	F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L <input type="checkbox"/> (dust)	N/A	Y			
	Closet Ceiling	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	0.3	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.0	M/ A/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	M/ L N/A	Y				
	Int Stops	0.1	M/ L N/A	Y				
1	Win Int Sash	UR	M/ L N/A	Y				
2	Exterior Sill	UR	M/ SF L N/A	Y				
3	Part Bead	UR	M/ L N/A	Y				
4	Blind Stop	/	M/ SF L N/A	Y				
	Win Ext Sash	UR	M/ L N/A	Y				
A	Window Sill	.	M/ 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 N/A	Y				
	Int Stops	.	M/ L N/A	Y				
1	Win Int Sash	.	M/ L N/A	Y				
2	Exterior Sill	.	M/ SF L N/A	Y				
3	Part Bead	.	M/ L N/A	Y				
4	Blind Stop	.	M/ SF L N/A	Y				
	Win Ext Sash	.	M/ L N/A	Y				
A B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.1	L N/A	Y				
	Up Cab Walls	0.0	L N/A	Y				
1 2	Up Cab Shlvs	0.0	L N/A	Y				
3 4	Supports	/	L N/A	Y				
	Low Cab Fram	0.2	L N/A	Y				
A B	Low Cab Door	0.0	L N/A	Y				
C D	Low Cab Walls	0.0	L N/A	Y				
	Low Cab Shlvs	0.0	L N/A	Y				
1 2	Supports	/	L N/A	Y				
3 4	Drawers	0.0	L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.0	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
B	Up Walls	4.9	L N/A	Y				
B	Low Walls	0.1	L N/A	Y				
C	Up Walls	4.3	L N/A	Y				
C	Low Walls	0.1	L N/A	Y				
D	Up Walls	6.2	L N/A	Y				
D	Low Walls	0.1	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 11 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # Kitchen Continued (pg 2/2)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	.	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	.	L N/A	Y				
	Floor	.	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	.	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door	0.0	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.1	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				
B	Cl Door Edge		F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
		.	F M/A/M/L N/A	Y				
		.	F M/A/M/L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	.	M/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				
A	Window Sill	.	M/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				
A	Window Sill	.	M/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				
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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	.	L N/A	Y				
A	Up Wall	.	L N/A	Y				
C	Up Wall	.	L N/A	Y				
D	Up Wall	.	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 12 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

PANTRY

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	36	L N/A	Y				
A	Low Walls	Co	L N/A	Y				
A B C D	Baseboards	VS	L N/A	Y				
A B C D	Chair Rail	.	L N/A	Y				
A B C D	Radiator	.	L N/A	Y				
A B C D	Floor	Co	L (dust) N/A	Y				
A B C D	Ceiling	13	L N/A	Y				
A B	Door	.	L N/A	Y				
C D	Door Edge	.	F L N/A	Y				
1 2	Door Casing	(O)	L N/A	Y				
3 4	Door Jamb	(O)	F L N/A	Y				
3 4	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				
3 4	Threshold	.	L N/A	Y				
A	Closet Door	.	L N/A	Y				
B	Cl Door Edge	.	F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
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 Shlvs	.	L N/A	Y				
3 4	Supports	.	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 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 Shlvs	.	L N/A	Y				
3 4	Supports	.	L N/A	Y				
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 Shlvs	.	L N/A	Y				
3 4	Supports	.	L N/A	Y				
	Low Cab Fram	.	L N/A	Y				
A B	Low Cab Door	.	L N/A	Y				
C D	Low Cab Walls	.	L N/A	Y				
	Low Cab Shlvs	.	L N/A	Y				
1 2	Supports	.	L N/A	Y				
3 4	Drawers	.	L N/A	Y				
	Low Cab Fram	.	L N/A	Y				
A B	Low Cab Door	.	L N/A	Y				
C D	Low Cab Walls	.	L N/A	Y				
	Low Cab Shlvs	.	L N/A	Y				
1 2	Supports	.	L N/A	Y				
3 4	Drawers	.	L N/A	Y				
b	Up Walls	12	L N/A	Y				
b	Low Walls	Co	L N/A	Y				
c	Up Walls	Co	L N/A	Y				
c	Low Walls	.	L N/A	Y				
d	Up Walls	12	L N/A	Y				
d	Low Walls	Co	L N/A	Y				
A	Window Sill	.	M/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				
		.	F M/A M L N/A	Y				
		.	F M/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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 13 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # 4

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.2	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.2	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.2	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	0.1	L N/A	Y				
B	Cl Door Edge	/	F L N/A	Y				
C	Cl Casing	0.2	L N/A	Y				
D	Closet Jamb	0.2	F L N/A	Y				
	Closet Walls	0.1	L N/A	Y				
1	Cl Baseboard	0.2	L N/A	Y				
2	Closet Pole	0.2	L N/A	Y				
3	Closet Shelf	0.1	L N/A	Y				
4	Cl Supports	0.2	L N/A	Y				
	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.2	L N/A	Y				
		/	F MI A/M L N/A	Y				
		/	F MI A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.2	MI A/M L N/A	Y				
B	Win Apron	0.3	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.2	MI L N/A	Y				
	Int Stops	0.2	MI L N/A	Y				
1	Win Int Sash	UR	MI L N/A	Y				
2	Exterior Sill	UR	MI SF L N/A	Y				
3	Part Bead	UR	MI L N/A	Y				
4	Blind Stop	/	MI SF L N/A	Y				
	Win Ext Sash	UR	MI L N/A	Y				
A	Window Sill	0.1	MI A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.2	MI L N/A	Y				
	Int Stops	0.1	MI L N/A	Y				
1	Win Int Sash	UR	MI L N/A	Y				
2	Exterior Sill	UR	MI SF L N/A	Y				
3	Part Bead	UR	MI L N/A	Y				
4	Blind Stop	/	MI SF L N/A	Y				
	Win Ext Sash	UR	MI L N/A	Y				
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI 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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	0.2	L N/A	Y				
B	Up Wall	0.2	L N/A	Y				
C	Up Wall	0.2	L N/A	Y				
D	Up Wall	0.1	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 14 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # 5

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.2	L N/A	Y				
B	Low Walls	0.1	L N/A	Y				
C	Baseboards	0.2	L N/A	Y				
D	Chair Rail	0.1	L N/A	Y				
A	Radiator	0.2	L N/A	Y				
B	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
C	Ceiling	0.2	L N/A	Y				
A	Door	/	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
C	Door Casing	0.2	L N/A	Y				
D	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Door	0.2	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
C	Door Casing	0.2	L N/A	Y				
D	Door Jamb	0.1	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Door	0.2	L N/A	Y				
B	Door Edge	/	F L N/A	Y				
C	Door Casing	0.2	L N/A	Y				
D	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	0.2	L N/A	Y				
B	CI Door Edge	/	F L N/A	Y				
C	CI Casing	0.1	L N/A	Y				
D	Closet Jamb	0.2	F L N/A	Y				
	Closet Walls	0.2	L N/A	Y				
1	CI Baseboard	0.2	L N/A	Y				
2	Closet Pole	0.1	L N/A	Y				
3	Closet Shelf	0.2	L N/A	Y				
4	CI Supports	0.2	L N/A	Y				
	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.1	L N/A	Y				
A	Columns	0.2	F MI A/M L N/A	Y				
		/	F MI A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.2	MI A/M L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.1	L N/A	Y				
D	Header Stop	0.2	MI L N/A	Y				
	Int Stops	0.1	MI L N/A	Y				
1	Win Int Sash	UR	MI L N/A	Y				
2	Exterior Sill	UR	MI SF L N/A	Y				
3	Part Bead	UR	MI L N/A	Y				
4	Blind Stop	/	MI SF L N/A	Y				
	Win Ext Sash	UR	MI L N/A	Y				
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI L N/A	Y				
A	Window Sill	.	MI A/M L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	MI L N/A	Y				
	Int Stops	.	MI L N/A	Y				
1	Win Int Sash	.	MI L N/A	Y				
2	Exterior Sill	.	MI SF L N/A	Y				
3	Part Bead	.	MI L N/A	Y				
4	Blind Stop	.	MI SF L N/A	Y				
	Win Ext Sash	.	MI L N/A	Y				
A	Door	.	L N/A	Y				
B	Door Edge	.	F L N/A	Y				
C	Door Casing	.	L N/A	Y				
D	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
A	Fireplace	.	L N/A	Y				
B	Mantle	.	L N/A	Y				
C	Win Above 5'	.	L N/A	Y				
D	Ceiling Molding	0.2	L N/A	Y				
A	Up Wall	0.2	L N/A	Y				
B	Up Wall	0.1	L N/A	Y				
C	Up Wall	0.2	L N/A	Y				
D	Up Wall	0.2	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # 6

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.1	L N/A	Y				
A B	Low Walls	0.2	L N/A	Y				
A B C D	Baseboards	0.2	L N/A	Y				
A B C D	Chair Rail	0.0	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	.	L N/A	Y				
B	Cl Door Edge	.	F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
C	Column	0.1	F M/A/L N/A	Y				
			F M/A/L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	0.2	M/A/L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/L N/A	Y				
	Int Stops	0.2	M/L N/A	Y				
1	Win Int Sash	JR	M/L N/A	Y				
2	Exterior Sill	JR	M/SF L N/A	Y				
3	Part Bead	JR	M/L N/A	Y				
4	Blind Stop	/	M/SF L N/A	Y				
	Win Ext Sash	JR	M/L N/A	Y				
A	Window Sill	.	M/A/L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	M/L N/A	Y				
	Int Stops	.	M/L N/A	Y				
1	Win Int Sash	.	M/L N/A	Y				
2	Exterior Sill	.	M/SF L N/A	Y				
3	Part Bead	.	M/L N/A	Y				
4	Blind Stop	.	M/SF L N/A	Y				
	Win Ext Sash	.	M/L N/A	Y				
A	Window Sill	.	M/A/L N/A	Y				
B	Win Apron	.	L N/A	Y				
C	Win Casing	.	L N/A	Y				
D	Header Stop	.	M/L N/A	Y				
	Int Stops	.	M/L N/A	Y				
1	Win Int Sash	.	M/L N/A	Y				
2	Exterior Sill	.	M/SF L N/A	Y				
3	Part Bead	.	M/L N/A	Y				
4	Blind Stop	.	M/SF L N/A	Y				
	Win Ext Sash	.	M/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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	0.3	L N/A	Y				
B	Up Wall	0.1	L N/A	Y				
C	Up Wall	0.0	L N/A	Y				
D	Up Wall	0.1	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 16 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City: Quincy, MA

PORCH C/D (side) 2nd (floor) Enclosed

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	7.2	L N/A	Y				
C D	Corner Boards		L N/A	Y				
	Upper Trim	9.6	L N/A	Y				
	Ceiling	4.6	L N/A	Y				
	Joists		L N/A	Y				
	Storm Door		L N/A	Y				
A B	Strm Door Edge		F L N/A	Y				
C D	Door	2.1	L N/A	Y				
	Door Edge	2.2	F L N/A	Y				
1 2	Door Casing	6.0	L N/A	Y				
3 4	Door Jamb	6.7	F L N/A	Y				
	Threshold	0.3	L N/A	Y				
	Kickplate	8.2	L N/A	Y				
	Storm Door		L N/A	Y				
A B	Strm Door Edge		F L N/A	Y				
C D	Door		L N/A	Y				
	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				
	Kickplate		L N/A	Y				
A B	Window Sill	8.0	A/M L N/A	Y				
C D	Win Casing	13.0	L N/A	Y				
1 2	Window Sash	0.2	L N/A	Y				
3 4	Mullions		L N/A	Y				
A B	Window Sill	4.2	A/M L N/A	Y				
C D	Win Casing	6.3	L N/A	Y				
1 2	Window Sash	0.2	L N/A	Y				
3 4	Mullions		L N/A	Y				
A B	Window Sill	4.9	A/M L N/A	Y				
C D	Win Casing	5.1	L N/A	Y				
1 2	Window Sash	0.2	L N/A	Y				
3 4	Mullions		L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

*Storms only

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		L N/A	Y				
1 2	Window Sash		L N/A	Y				
3 4	Mullions		L N/A	Y				
A B	Window Sill		A/M L N/A	Y				
C D	Win Casing		L N/A	Y				
1 2	Window Sash		L N/A	Y				
3 4	Mullions		L N/A	Y				
	Support Clmns		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		L N/A	Y				
	Lower Walls	6.7	L N/A	Y				
	Lattice		L N/A	Y				
	Lower Trim		L N/A	Y				
	Floor	0.2	L <input type="checkbox"/> (dust)* N/A	Y				
	Storm Door		L N/A	Y				
A B	Strm Door Edge		F L N/A	Y				
C D	Door		L N/A	Y				
	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				
	Kickplate		L N/A	Y				
C/D	Decking	6.3	F M1 A/M L N/A	Y				
			F M1 A/M L N/A	Y				
			F M1 A/M L N/A	Y				

(dust)* - Applies only to porches used as interlor 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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 17 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

STAIRCASE # Rear 1st to 2nd

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Up Walls	02	L N/A	Y				
C	Low Walls	02	L N/A	Y				
A	Baseboards	02	L N/A	Y				
B	Chair Rail	02	L N/A	Y				
C	Radiator		L N/A	Y				
D	Floor	Ca	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	03	L N/A	Y				
AB	Door 1st	02	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	02	L N/A	Y				
34	Door Jamb	0.1	F L N/A	Y				
	Threshold	02	L N/A	Y				
AB	Door 1st	02	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	-0.1	L N/A	Y				
34	Door Jamb	02	F L N/A	Y				
	Threshold	02	L N/A	Y				
AB	Door 1st	02	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	03	L N/A	Y				
34	Door Jamb	0.1	F L N/A	Y				
	Threshold	02	L N/A	Y				
AB	Door 2nd	02	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	02	L N/A	Y				
34	Door Jamb	0.1	F L N/A	Y				
	Threshold	02	L N/A	Y				
AB	Door 2nd	0.1	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	03	L N/A	Y				
34	Door Jamb	0.1	F L N/A	Y				
	Threshold	02	L N/A	Y				
AB	Door 2nd	02	L N/A	Y				
CD	Door Edge		F L N/A	Y				
12	Door Casing	02	L N/A	Y				
34	Door Jamb	0.1	F L N/A	Y				
	Threshold	02	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

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	.	M/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 N/A	Y				
	Int Stops	.	M/L N/A	Y				
1	Win Int Sash	.	M/L N/A	Y				
2	Exterior Sill	.	M/SF L N/A	Y				
3	Part Bead	.	M/L N/A	Y				
4	Blind Stop	.	M/SF L N/A	Y				
	Win Ext Sash	.	M/L N/A	Y				
A	Window Sill	.	M/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 N/A	Y				
	Int Stops	.	M/L N/A	Y				
1	Win Int Sash	.	M/L N/A	Y				
2	Exterior Sill	.	M/SF L N/A	Y				
3	Part Bead	.	M/L N/A	Y				
4	Blind Stop	.	M/SF L N/A	Y				
	Win Ext Sash	.	M/L N/A	Y				
	Post	0.2	L N/A	Y				
	Railing Cap		A/M L N/A	Y				
	Handrail	02	A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower rail		L N/A	Y				
	Treads	Ca	F L N/A	Y				
	Risers	Ca	L N/A	Y				
	Stringer		L N/A	Y				
	Tread edge >5		L N/A	Y				
	Landing floor	Ca	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge		L N/A	Y				
	Floor Casing		L N/A	Y				
A	Win Above 5'		L N/A	Y				
B	Ceiling Molding	0.2	L N/A	Y				
b	Up Walls	6.5	L N/A	Y				
c	Up Walls	6.4	L N/A	Y				
d	Up Walls	3.7	L N/A	Y				
			L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal



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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

STAIRCASE # Rear 1st to Basement

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	03	L N/A	Y				
A B	Chair Rail		L N/A	Y				
A B	Radiator		L N/A	Y				
	Floor	file	L <input type="checkbox"/> (dust)	N/A	Y			
	Ceiling	0.1	L N/A	Y				
A B	Door 1st	0.1	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.2	L N/A	Y				
A B	Door 2nd	0.2	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold		L N/A	Y				
A B	Door 3rd		L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.1	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				
0	Column	0.3	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

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.2	MI A/M L N/A	Y				
B	Win Apron		L N/A	Y				
C	Win Casing		L N/A	Y				
D	Header Stop		MI L N/A	Y				
	Int Stops		MI L N/A	Y				
1	Win Int Sash	JR	MI L N/A	Y				
2	Exterior Sill	JR	MI SF L N/A	Y				
3	Part Bead	JR	MI L N/A	Y				
4	Blind Stop		MI SF L N/A	Y				
	Win Ext Sash	JR	M <input type="checkbox"/> L N/A	Y				
A	CL Door	0.1	MI A/M L N/A	Y				
B	CL MS	0.2	L N/A	Y				
C	CL Sill	0.2	L N/A	Y				
D	CL Sill	0.1	MI L N/A	Y				
	CL Sill	0.2	MI L N/A	Y				
1	CL Sill	0.1	MI L N/A	Y				
2	CL Sill	0.2	MI SF L N/A	Y				
3	CL Sill	0.1	MI L N/A	Y				
4			MI SF L N/A	Y				
	Newel Post	0.2	L N/A	Y				
	Railing Cap	0.1	A/M L N/A	Y				
	Handrail		A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower rail	0.1	L N/A	Y				
	Treads	0.2	F L N/A	Y				
	Risers	0.2	L N/A	Y				
	Stringer	0.1	L N/A	Y				
	Tread edge >5		L N/A	Y				
	Landing floor	file	L <input type="checkbox"/> (dust)	N/A	Y			
	Floor Edge		L N/A	Y				
	Floor Casing		L N/A	Y				
A B	Win Above 5'		L N/A	Y				
C D	Ceiling Molding		L N/A	Y				
B	Up Walls	0.2	L N/A	Y				
C	Up Walls	0.2	L N/A	Y				
O	Up Walls	0.1	L N/A	Y				
C	low wall	0.2	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal



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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 19 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

BASEMENT/LAUNDRY AREA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Walls	NC	L N/A	Y				
B	Walls	0.2	L N/A	Y				
C	Walls	NC	L N/A	Y				
D	Walls	NC	L N/A	Y				
A B C D	Baseboards		L N/A	Y				
A B C D	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.1	L N/A	Y				
A B C D	Chimney		L N/A	Y				
A B C D	Support Colum	0.2	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				
B	Cl Door Edge	.	F L N/A	Y				
C	Cl Casing	.	L N/A	Y				
D	Closet Jamb	.	F L N/A	Y				
	Closet Walls	.	L N/A	Y				
1	Cl Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	.	L N/A	Y				
4	Cl Supports	.	L N/A	Y				
	Closet Floor	.	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
A B C D	Cabinets	.	L N/A	Y				
A B	Benches	.	L N/A	Y				
C D	Supports	.	L N/A	Y				
A B C D	Pipes	0.1	L N/A	Y				
A B C D	Sink	.	L N/A	Y				
A B C D	Drainpipe	.	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

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Serviceboard	0.1	L N/A	Y				
A B	Shelves	.	L N/A	Y				
C D	Supports	.	L N/A	Y				
A B	Shelves	.	L N/A	Y				
C D	Supports	.	L N/A	Y				
A B	Shelves	.	L N/A	Y				
C D	Supports	.	L N/A	Y				
A B	Window Frame	.	M/I L N/A	Y				
C D	Window Sash	.	M/I L N/A	Y				
1 2	Exterior Sill	.	M/I L N/A	Y				
3 4	Part Bead	.	M/I L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Window Frame	.	M/I L N/A	Y				
C D	Window Sash	.	M/I L N/A	Y				
1 2	Exterior Sill	.	M/I L N/A	Y				
3 4	Part Bead	.	M/I L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Window Frame	.	M/I L N/A	Y				
C D	Window Sash	.	M/I L N/A	Y				
1 2	Exterior Sill	.	M/I L N/A	Y				
3 4	Part Bead	.	M/I L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
	Newel Posts	.	L N/A	Y				
A B	Handrail	.	A/M L N/A	Y				
C D	Balusters	.	L N/A	Y				
1 2	Lower rail	.	L N/A	Y				
3 4	Treads	.	L N/A	Y				
	Risers	.	L N/A	Y				
	Stringer	.	L N/A	Y				
	Tread Edge	.	A/M - N/A	Y				
	Landing floor	.	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Oil Tank	.	L N/A	Y				
A B C D	Win Above 5'	NC	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				

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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 20 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

ROOM # A Enclosed Porch 1st (pg 1/2)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	7.4	L N/A	Y				
A B C D	Low Walls		L N/A	Y				
A B C D	Baseboards	0.1	L N/A	Y				
A B C D	Chair Rail		L N/A	Y				
A B C D	Radiator		L N/A	Y				
	Floor	6.0	L (dust) N/A	Y				
	Ceiling	8.2	L N/A	Y				
A B	Door	0.1	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	6.7	L N/A	Y				
3 4	Door Jamb	6.1	F L N/A	Y				
	Threshold	0.3	L N/A	Y				
A B	Door	2.7	L N/A	Y				
C D	Door Edge	2.1	F L N/A	Y				
1 2	Door Casing	8.2	L N/A	Y				
3 4	Door Jamb	8.0	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B	Door	2.3	L N/A	Y				
C D	Door Edge		F L N/A	Y				
1 2	Door Casing	4.2	L N/A	Y				
3 4	Door Jamb	4.0	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A	Closet Door		L N/A	Y				
B	Cl Door Edge		F L N/A	Y				
C	Cl Casing		L N/A	Y				
D	Closet Jamb		F L N/A	Y				
	Closet Walls		L N/A	Y				
1	Cl Baseboard		L N/A	Y				
2	Closet Pole		L N/A	Y				
3	Closet Shelf		L N/A	Y				
4	Cl Supports		L N/A	Y				
	Closet Floor		L (dust) N/A	Y				
	Closet Ceiling		L N/A	Y				
-	up trim	4.3	F M/A M/L N/A	Y				
A	Side Entry	6.2	F M/A M/L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	6.2	M/A M/L	L N/A	Y			
B	Win Apron	4.3	L N/A	Y				
C	Win Casing	4.1	L N/A	Y				
D	Header Stop	3.1	M/L	L N/A	Y			
	Int Stops	5.6	M/L	L N/A	Y			
1	Win Int Sash	3.6	M/L	L N/A	Y			
2	Exterior Sill	18.2	M/L SF	L N/A	Y			
3	Part Bead	18.0	M/L	L N/A	Y			
4	Blind Stop	16.3	M/L SF	L N/A	Y			
	Win Ext Sash	15.1	M/L	L N/A	Y			
A	Window Sill	6.4	M/A M/L	L N/A	Y			
B	Win Apron	3.7	L N/A	Y				
C	Win Casing	3.0	L N/A	Y				
D	Header Stop	3.7	M/L	L N/A	Y			
	Int Stops	5.1	M/L	L N/A	Y			
1	Win Int Sash	6.2	M/L	L N/A	Y			
2	Exterior Sill	10.2	M/L SF	L N/A	Y			
3	Part Bead	12.1	M/L	L N/A	Y			
4	Blind Stop	11.2	M/L SF	L N/A	Y			
	Win Ext Sash	10.0	M/L	L N/A	Y			
A	Window Sill	3.6	M/A M/L	L N/A	Y			
B	Win Apron	5.6	L N/A	Y				
C	Win Casing	5.8	L N/A	Y				
D	Header Stop	6.3	M/L	L N/A	Y			
	Int Stops	4.0	M/L	L N/A	Y			
1	Win Int Sash	11.2	M/L	L N/A	Y			
2	Exterior Sill	10.4	M/L SF	L N/A	Y			
3	Part Bead	6.0	M/L	L N/A	Y			
4	Blind Stop	11.2	M/L SF	L N/A	Y			
	Win Ext Sash	10.6	M/L	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	Fireplace		L N/A	Y				
C D	Mantle		L N/A	Y				
A B C D	Win Above 5'		L N/A	Y				
	Ceiling Molding		L N/A	Y				
B	Up Wall	6.2	L N/A	Y				
C	Up Wall	7.3	L N/A	Y				
D	Up Wall	0.2	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 21 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

Quincy, MA

ROOM # A enclosed porch 1st floor cat (2/2)

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

COMMENTS / STRUCTURAL DEFECTS:

* = metal

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	6.3	M I A/M	L N/A	Y			
(B)	Win Apron	6.0	L N/A	Y				
C	Win Casing	5.7	L N/A	Y				
D	Header Stop	5.6	M I	L N/A	Y			
	Int Stops	6.2	M I	L N/A	Y			
1	Win Int Sash	11.0	M I	L N/A	Y			
(2)	Exterior Sill	10.6	M I SF	L N/A	Y			
3	Part Bead	10.1	M I	L N/A	Y			
4	Blind Stop	9.4	M I SF	L N/A	Y			
	Win Ext Sash	9.1	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	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	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	Fireplace	.	L N/A	Y				
C D	Mantle	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	.	L N/A	Y				
B	Up Wall	.	L N/A	Y				
C	Up Wall	.	L N/A	Y				
D	Up Wall	.	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

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 22 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

EXTERIOR A Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	Co	L N/A	Y				
A	Corner Boards	Co	L N/A	Y				
A	Lower Trim	/	L N/A	Y				
A	Upper Trim	Co	L N/A	Y				
A	Win Above 5'	Co	L N/A	Y				
A	Porch Above 5'	/	L N/A	Y				
A	Storm Door	0.1	L N/A	Y				
A	Strm Door Edge	.	F L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	1.8	(L) N/A	Y				
A	Door Jamb	Co	F L N/A	Y				
A	Threshold	4.2	(L) N/A	Y				
A	Kickplate	/	L N/A	Y				
A	Storm Door	.	L N/A	Y				
A	Strm Door Edge	.	F L N/A	Y				
A	Door	/	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	.	L N/A	Y				
A	Door Jamb	.	F L N/A	Y				
A	Threshold	.	L N/A	Y				
A	Kickplate	.	L N/A	Y				
A	Door	.	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	.	L N/A	Y				
A	Door Jamb	.	F L N/A	Y				
A	Threshold	.	L N/A	Y				
A	Kickplate	.	L N/A	Y				
A	Window Sill	.	A/M L N/A	Y				
#	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				
A	Window Sill	.	A/M L N/A	Y				
#	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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

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

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	/	A/M L N/A	Y				
#	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				
A	Cellar Win Sill	.	A/M L N/A	Y				
#	Cel Win Sash	.	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
#	Screen Frame	.	L N/A	Y				
A	Cellar Win Sill	.	A/M L N/A	Y				
#	Cel Win Sash	/	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
#	Screen Frame	.	L N/A	Y				
A	Cellar Win Sill	.	A/M L N/A	Y				
#	Cel Win Sash	.	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
#	Screen Frame	.	L N/A	Y				
A	Foundation	N.L.	L N/A	Y				
A	Bulkhead	/	L N/A	Y				
A	Fences	0.2	L N/A	Y				
A	Shutters	/	L N/A	Y				
A	Newel post	0.0	L N/A	Y				
A	Railing Cap	0.2	A/M L N/A	Y				
A	Handrail	/	A/M L N/A	Y				
A	Balusters	0.1	L N/A	Y				
A	Lower Rail	0.2	L N/A	Y				
A	Treads	N.L.	F L N/A	Y				
A	Risers	N.L.	L N/A	Y				
A	Tread Edge	/	L N/A	Y				
A	Landing floor	N.L.	L N/A	Y				
A	Stringer	N.L.	L N/A	Y				
A	Lattice	/	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
A	Elec Conduit	0.0	L N/A	Y				
A	Oil Fill Pipe	/	L N/A	Y				
A	Overhang Trim	/	L N/A	Y				
A	Lamp Post	/	L N/A	Y				
A	Sidelights	2.3	F M A/M (L) N/A	Y				
A		.	F M A/M L N/A	Y				

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

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

Comments:

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

EXTERIOR B Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	Ca	L N/A	Y				
B	Corner Boards	Ca	L N/A	Y				
B	Lower Trim	Ca	L N/A	Y				
B	Upper Trim	Ca	L N/A	Y				
B	Win Above 5'	Ca	L N/A	Y				
B	Porch Above 5'	Ca	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				
B	Door Edge	.	F L N/A	Y				
1 2	Door Casing	.	L N/A	Y				
3 4	Door Jamb	.	F L N/A	Y				
B	Threshold	.	L N/A	Y				
B	Kickplate	.	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				
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 this box can only be made intact by a Defeader (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	9.5	A/M L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
# 1	Cel Win Frame	9.6	L N/A	Y				
B	Screen Frame	.	L N/A	Y				
B	Cellar Win Sill	3.6	A/M L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
# 2	Cel Win Frame	4.0	L N/A	Y				
B	Screen Frame	.	L N/A	Y				
B	Cellar Win Sill	9.2	A/M L N/A	Y				
# 3	Cel Win Sash	VR	L N/A	Y				
B	Cel Win Frame	8.7	L N/A	Y				
B	Screen Frame	.	L N/A	Y				
B	Foundation	NC	L N/A	Y				
B	Bulkhead	.	L N/A	Y				
B	Fences	0.0	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	Lamp Post	.	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 bare soil)

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

Comments:

DAVID PESCE

M-4025

David Pesce

10-19-2022

Page 24 of 27

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

EXTERIOR C Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	Ca	L N/A	Y				
C	Corner Boards	Ca	L N/A	Y				
C	Lower Trim	Ca	L N/A	Y				
C	Upper Trim	Ca	L N/A	Y				
C	Win Above 5'	20.8	0 N/A	Y				
C	Porch Above 5'	Ca	L N/A	Y				
C	Storm Door	.	L N/A	Y				
C	Strm Door Edge	.	F L N/A	Y				
C	Door	.	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	.	L N/A	Y				
C	Door Jamb	.	F L N/A	Y				
C	Threshold	.	L N/A	Y				
C	Kickplate	.	L N/A	Y				
C	Storm Door	.	L N/A	Y				
C	Strm Door Edge	.	F L N/A	Y				
C	Door	.	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	.	L N/A	Y				
C	Door Jamb	.	F L N/A	Y				
C	Threshold	.	L N/A	Y				
C	Kickplate	.	L N/A	Y				
C	Door	.	L N/A	Y				
1 2	Door Edge	.	F L N/A	Y				
3 4	Door Casing	.	L N/A	Y				
C	Door Jamb	.	F L N/A	Y				
C	Threshold	.	L N/A	Y				
C	Kickplate	.	L N/A	Y				
C	Window Sill	.	A/M L N/A	Y				
C	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				
C	Window Sill	.	A/M L N/A	Y				
C	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in this box 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				

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				
C	Win Casing	.	L N/A	Y				
#	Window Sash	.	L N/A	Y				
C	Cellar Win Sill	.	A/M L N/A	Y				
C	Cel Win Sash	.	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
C	Screen Frame	.	L N/A	Y				
C	Cellar Win Sill	.	A/M L N/A	Y				
C	Cel Win Sash	.	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
C	Screen Frame	.	L N/A	Y				
C	Cellar Win Sill	.	A/M L N/A	Y				
C	Cel Win Sash	.	L N/A	Y				
#	Cel Win Frame	.	L N/A	Y				
C	Screen Frame	.	L N/A	Y				
C	Foundation	N/C	L N/A	Y				
C	Bulkhead	0.5	L N/A	Y				
C	Fences	0.1	L N/A	Y				
C	Shutters	.	L N/A	Y				
C	Newel post	.	L N/A	Y				
C	Railing Cap	.	A/M L N/A	Y				
C	Handrail	.	A/M L N/A	Y				
C	Balusters	.	L N/A	Y				
C	Lower Rail	.	L N/A	Y				
C	Treads	.	F L N/A	Y				
C	Risers	.	L N/A	Y				
C	Tread Edge	.	L N/A	Y				
C	Landing floor	.	L N/A	Y				
C	Stringer	.	L N/A	Y				
C	Lattice	16.0	L N/A	Y				
C	Drain Pipes	.	L N/A	Y				
C	Elec Conduit	.	L N/A	Y				
C	Oil Fill Pipe	.	L N/A	Y				
C	Overhang Trim	.	L N/A	Y				
C	Lamp Post	.	L N/A	Y				
C	.	.	F M/A/M L N/A	Y				
C	.	.	F M/A/M L N/A	Y				

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

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

Comments:

DAVID PESCE

M-4025 David Pesce

10-19-2022

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 114 Centre St

Apt #

City: Quincy, MA

PORCH C/D (side) 1st (floor)

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	Co	L N/A	Y				
C D	Corner Boards	Co	L N/A	Y				
	Upper Trim	Co	L N/A	Y				
	Ceiling	Co	L N/A	Y				
	Joists	Co	L N/A	Y				
	Storm Door	0.2	L N/A	Y				
A B	Strm Door Edge	/	F L N/A	Y				
C D	Door	6.2	L N/A	Y				
	Door Edge	6.0 (F)	L N/A	Y				
1 2	Door Casing	Co	L N/A	Y				
3 4	Door Jamb	8.6	F L N/A	Y				
	Threshold	7.2	L N/A	Y				
	Kickplate	/	L N/A	Y				
	Storm Door	.	L N/A	Y				
A B	Strm Door Edge	.	F L N/A	Y				
C D	Door	.	L N/A	Y				
	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				
	Kickplate	.	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Window Sill	Co	A/M L N/A	Y				
C D	Win Casing	Co	L N/A	Y				
1 2	Window Sash	VR	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
A B	Window Sill	/	A/M L N/A	Y				
C D	Win Casing	/	L N/A	Y				
1 2	Window Sash	/	L N/A	Y				
3 4	Mullions	/	L N/A	Y				
	Support Cimns	Co	L N/A	Y				
	Newel post	3-6	L N/A	Y				
	Railing Cap*	1.3 (A/M)	L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	2.1	L N/A	Y				
	Lower Rail	2.1	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	0.0	L N/A	Y				
	Stringer	/	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Lower Walls	3-4	L N/A	Y				
	Lattice	/	L N/A	Y				
	Lower Trim	Co	L N/A	Y				
	Floor	0.3	L (dust)* N/A	Y				
	Storm Door	.	L N/A	Y				
A B	Strm Door Edge	.	F L N/A	Y				
C D	Door	.	L N/A	Y				
	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				
	Kickplate	.	L N/A	Y				
	*RAIL CAP	0.1	F M/A/M L N/A	Y				
		/	F M/A/M L N/A	Y				
		/	F M/A/M L N/A	Y				

(dust)* - Applies only to porches used as interior space
COMMENTS / STRUCTURAL DEFECTS:
*lower of 2 railing caps
**Upper of 2 railing caps

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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	CA	L N/A	Y				
	Corner Boards	CA	L N/A	Y				
	Lower Trim		L N/A	Y				
	Upper Trim	CA	L N/A	Y				
	Win Above 5'	CA	L N/A	Y				
	Porch Above 5'		L N/A	Y				
D	Storm Door	.	L N/A	Y				
	Strm Door Edge	.	F L N/A	Y				
	Door	.	L N/A	Y				
	Door Edge	.	F L N/A	Y				
	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
D	Storm Door	.	L N/A	Y				
	Strm Door Edge	.	F L N/A	Y				
	Door	.	L N/A	Y				
	Door Edge	.	F L N/A	Y				
	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
D	Door	.	L N/A	Y				
	Door Edge	.	F L N/A	Y				
	Door Casing	.	L N/A	Y				
	Door Jamb	.	F L N/A	Y				
	Threshold	.	L N/A	Y				
	Kickplate	.	L N/A	Y				
D	Window Sill	.	A/M L N/A	Y				
	Win Casing	.	L N/A	Y				
	Window Sash	.	L N/A	Y				
	Window Sill	.	A/M L N/A	Y				
D	Win Casing	.	L N/A	Y				
	Window Sash	.	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in this box 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				

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				
	Win Casing	.	L N/A	Y				
	Window Sash	.	L N/A	Y				
D	Cellar Win Sill	CA	A/M L N/A	Y				
	Cel Win Sash	UR	L N/A	Y				
	Cel Win Frame	22.0	L N/A	Y				
	Screen Frame	.	L N/A	Y				
D	Cellar Win Sill	CA	A/M L N/A	Y				
	Cel Win Sash	UR	L N/A	Y				
	Cel Win Frame	19.8	L N/A	Y				
	Screen Frame	.	L N/A	Y				
D	Cellar Win Sill	CA	A/M L N/A	Y				
	Cel Win Sash	UR	L N/A	Y				
	Cel Win Frame	17.9	L N/A	Y				
	Screen Frame	.	L N/A	Y				
D	Foundation	NR	L N/A	Y				
	Bulkhead	.	L N/A	Y				
	Fences	.	L N/A	Y				
	Shutters	.	L N/A	Y				
D	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				
	Tread Edge	.	L N/A	Y				
	Landing floor	.	L N/A	Y				
	Stringer	.	L N/A	Y				
Lattice	.	L N/A	Y					
D	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				
D	Lamp Post	.	L N/A	Y				
D	.	.	F M/A/M L N/A	Y				
D	.	.	F M/A/M L N/A	Y				

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

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

Comments:

DAVID PESCE

M-4025

David Pesce

10-19-2022

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

114 Centre St

Apt #

City:

Quincy, MA

GARAGE

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Lower Trim, Upper Trim, Door, Door Edge, Door Casing, Door Jamb, Threshold, Window Sill, Win Casing, Win Sash, and Foundation.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Lower Trim, Upper Trim, Door, Door Edge, Door Casing, Door Jamb, Threshold, Window Sill, Win Casing, Win Sash, and Foundation.

COMMENTS / STRUCTURAL DEFECTS:

COMMENTS / STRUCTURAL DEFECTS:

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

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.), IC DATE, IC METHOD. Rows for Side A.

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.), IC DATE, IC METHOD. Rows for Side C.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Lower Trim, Upper Trim, Door, Door Edge, Door Casing, Door Jamb, Threshold, Window Sill, Win Casing, Win Sash, and Foundation.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Siding, Corner Boards, Lower Trim, Upper Trim, Door, Door Edge, Door Casing, Door Jamb, Threshold, Window Sill, Win Casing, Win Sash, and Foundation.

COMMENTS / STRUCTURAL DEFECTS:

COMMENTS / STRUCTURAL DEFECTS:

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

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.), IC DATE, IC METHOD. Rows for Side B.

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT (MORE THAN 2880 SQ. IN.), IC DATE, IC METHOD. Rows for Side D.