



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

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

Lead Inspection / Risk Assessment

St.# 3 Street Name CALEDONIA Street Type AVE Unit ----
 City QUINCY Zip Code 02169

Owner Name: Christy Pat
 Owner Address: 3 Caledonia Ave., Quincy, MA 02169
 Contact Information: _____
 Client Name (if different from owner): _____
 Client Address: _____

Number of Rooms in Unit: 7
 Property Type:
 Single Family
 Multi Family # of Units: 2
 Condominium # of Units: _____
 Day Care Other: _____

Key	Lead Column
COV	Covered
DC	Drop Ceiling
MEI	Metal
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
VB	Vinyl Baseboard
VR	Vinyl Rep. Window

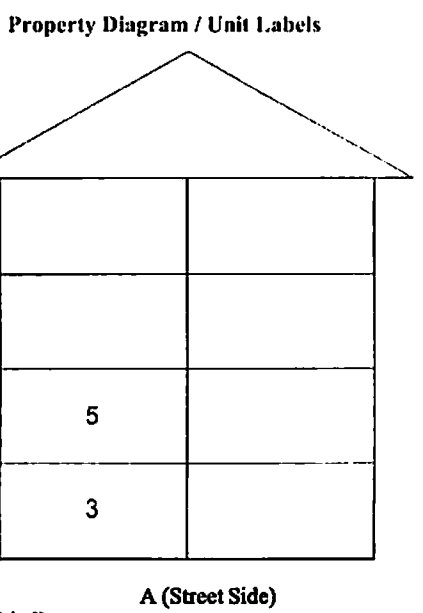
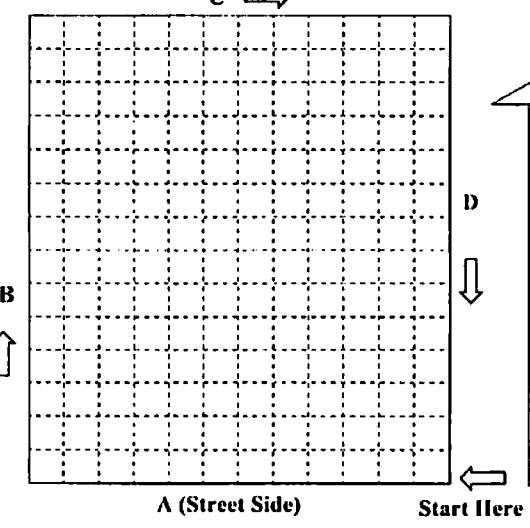
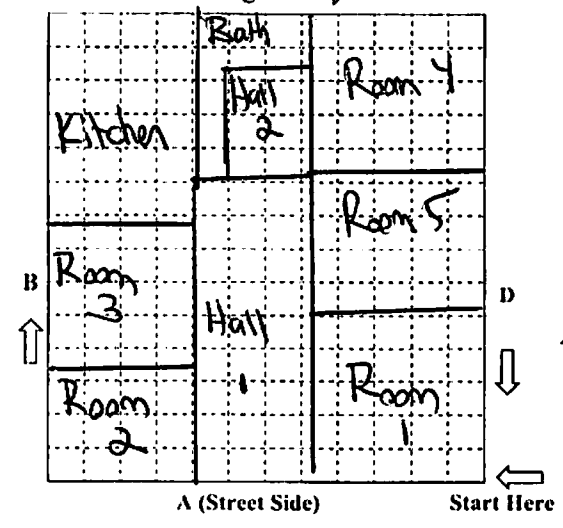
Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	REM	Removed
DIP	Dipped	REP	Replaced
ENC	Encapsulated	SCR	Scraped
INT	Intact	SFR	Storm Frame Removed
MI	Made Intact	SLD	Sealed
PRE	Prepared for Enc.	STP	Stripped
<input checked="" type="checkbox"/>	Component Does Not Exist	VR/MR	Vinyl/Metal 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: Pb200e Serial # 1645

Comments / Notes: _____

Demarcation Lines
 Submitted for Compliance Evaluation

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



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

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

M-4025
 License #

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

Signature

11 / 16 / 23
 Date

INSPECTION HISTORY

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

Y Inspector Name: _____, Lic# _____
 N Signature _____

Comprehensive Initial Inspection				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	1	1	6	2
3				
Lead Hazards?				

Y Inspector Name: **David Pesce**, Lic# **4025**
 N Signature _____

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

Y Inspector Name: _____, Lic# _____
 N 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 Inspector Name: _____, Lic# _____
 N Signature _____

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

Y Inspector Name: _____, Lic# _____
 N 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 Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

Dust Taken for Final Reinsp. (No Reocc)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P Inspector Name: _____, Lic# _____
 F Signature _____

Dust Taken for Final Reinsp. (No Reocc)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P Inspector Name: _____, Lic# _____
 F 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 R.A. Name: _____, Lic# _____
 N 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 R.A. Name: _____, Lic# _____
 N Signature _____

Visual Portion of Reinspection for Interim Control				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Dust Taken for Risk Assessment Reinsp.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Visual Portion of Reinspection for Interim Control				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Dust Taken for Risk Assessment Reinsp.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Dust Taken for RA Recertification				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

POST COMPLIANCE ASSESSMENT DETERMINATIONS

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

Y Inspector Name: _____, Lic# _____
 N Signature _____

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

Y Inspector Name: _____, Lic# _____
 N Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

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

P Inspector Name: _____, Lic# _____
 F Signature _____

REOCCUPANCY CERTIFICATE HISTORY

COMPLIANCE HISTORY (CONT.)

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 _____

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 _____

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 Declading 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 _____

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 eligibile surfaces in a room, he/she will rule out encapsulation as a deleading method.

DAVID PESCE

M-4025

David Pesce

11 / 16 / 2023

Page 5 of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

ROOM #

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 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				
A B C D	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.0	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	/	L N/A	Y				
A B 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	.	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	0.1	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	0.0	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	0.1	M/I 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	M/I L N/A	Y				
	Int Stops	0.1	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 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	0.2	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

3

City:

Quincy, MA

HALLWAY A1N Unit (1/2)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IS METH	DELEAD DATE	DELEAD METH
A	Up Walls	0.1	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				
A B C D	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.0	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	10.6	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B	Door	0.2	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
2	Door Casing	0.1	L N/A	Y				
3 4	Door Jamb	0.0	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	0.0	F L N/A	Y				
	Threshold	0.0	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	0.1	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	0.0	F L N/A	Y				
	Closet Walls	0.0	L N/A	Y				
1	CI Baseboard	0.1	L N/A	Y				
2	Closet Pole	0.0	L N/A	Y				
3	Closet Shelf	0.1	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	0.0	L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
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				
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	0.1	L N/A	Y				
3 4	Door Jamb	0.0	F L N/A	Y				
	Threshold	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	0.2	F L N/A	Y				
	Threshold	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	0.2	F L N/A	Y				
	Threshold	0.1	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	Sidelites	/	L N/A	Y				
B	Up Walls	0.2	L N/A	Y				
c	Up Walls	0.0	L N/A	Y				
o	Up Walls	0.1	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Ap#

City:

Quincy, MA

ROOM # Hallway #1 Cor (212)

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				
A B C D	Floor	.	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	.	L N/A	Y				
A B	Door	0.7	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	0.1	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/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				
A B C D	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

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	.	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	0.2	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	0.1	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				
C	Kickplate	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 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	M/A L N/A	Y				
	Int Stops	0.1	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	.	M/A SF L N/A	Y				
	Win Ext Sash	VR	M/A L N/A	Y				
A	Window Sill	0.1	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	0.1	M/A L N/A	Y				
	Int Stops	0.2	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	.	M/A SF L N/A	Y				
	Win Ext Sash	VR	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	0.1	L N/A	Y				
B	Up Wall	0.1	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

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	0.1	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				
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	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	0.3	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B	Door	0.1	L N/A	Y				
A B C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.3	L N/A	Y				
3 4	Door Jamb	0.4	F L N/A	Y				
	Threshold	0.1	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	0.4	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	0.3	M/I L N/A	Y				
1	Win Int Sash	UR	M/I L N/A	Y				
2	Exterior Sill	UR	M/I SF L N/A	Y				
3	Part Bead	UR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	UR	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	0.1	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

KITCHEN

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	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.3	L N/A	Y				
A B D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.1	L N/A	Y				
A B C D	Floor	CAV	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.1	L N/A	Y				
A B	Door	0.3	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.4	L N/A	Y				
3 4	Door Jamb	0.6	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B	Door	0.3	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	0.3	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
A B	Door	0.3	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.5	L N/A	Y				
3 4	Door Jamb	0.5	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 <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
A B C D	Ceiling Molding	.	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	0.6	M/ A/M L N/A	Y				
B	Win Apron	0.7	L N/A	Y				
C	Win Casing	0.8	L N/A	Y				
D	Header Stop	0.6	M/ L N/A	Y				
	Int Stops	0.6	M/ L N/A	Y				
1	Win Int Sash	VR	M/ L N/A	Y				
2	Exterior Sill	VR	M/ SF L N/A	Y				
3	Part Bead	VR	M/ L N/A	Y				
4	Blind Stop	/	M/ SF L N/A	Y				
	Win Ext Sash	VR	M/ L N/A	Y				
A	Window Sill	0.6	M/ A/M L N/A	Y				
B	Win Apron	0.7	L N/A	Y				
C	Win Casing	0.7	L N/A	Y				
D	Header Stop	0.8	M/ L N/A	Y				
	Int Stops	0.7	M/ L N/A	Y				
1	Win Int Sash	VR	M/ L N/A	Y				
2	Exterior Sill	VR	M/ SF L N/A	Y				
3	Part Bead	VR	M/ L N/A	Y				
4	Blind Stop	/	M/ SF L N/A	Y				
	Win Ext Sash	VR	M/ L N/A	Y				
A B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.0	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	0.0	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	.	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				
B	Up Walls	0.2	L N/A	Y				
B	Low Walls	/	L N/A	Y				
C	Up Walls	0.1	L N/A	Y				
C	Low Walls	/	L N/A	Y				
D	Up Walls	0.1	L N/A	Y				
D	Low Walls	/	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

Hallway #2 (in unit)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	13.0	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.3	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	1.2	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	0.3	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	0.2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	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	0.2	F L N/A	Y				
	Threshold	0.0	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	.	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	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	12.6	L N/A	Y				
C	Up Wall	12.5	L N/A	Y				
D	Up Wall	10.6	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

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	02	L N/A	Y				
A	Low Walls	02	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	02	L N/A	Y				
A B C D	Floor	02	L (dust) N/A	Y				
A B C D	Ceiling	01	L N/A	Y				
A B C D	Door	33	L N/A	Y				
3 D	Door Edge	3.1 (F)	L N/A	Y				
1 2	Door Casing	16	L N/A	Y				
3 4	Door Jamb	1.0 (F) (L)	L N/A	Y				
	Threshold	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				
	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 (dust) N/A	Y				
	Closet Ceiling	.	L N/A	Y				
A B C D	Medicine Cab	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
A B C D	Ceiling Molding	.	L N/A	Y				
		.	F M/A/M L N/A	Y				
		.	F M/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	00	L N/A	Y				
A B	Low Cab Door	02	L N/A	Y				
C D	Low Cab Walls	02	L N/A	Y				
	Low Cab Shlvs	02	L N/A	Y				
1 2	Supports	.	L N/A	Y				
3 4	Drawers	.	L N/A	Y				
A	Window Sill	0.1	M/A/M L N/A	Y				
B	Win Apron	02	L N/A	Y				
C	Win Casing	02	L N/A	Y				
D	Header Stop	0.1	M/A L N/A	Y				
	Int Stops	02	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/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				
B	Up Walls	0.1	L N/A	Y				
B	Low Walls	0.2	L N/A	Y				
C	Up Walls	02	L N/A	Y				
C	Low Walls	0.1	L N/A	Y				
D	Up Walls	02	L N/A	Y				
D	Low Walls	0.3	L N/A	Y				
		.	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

Apt #

City: Quincy, MA

ROOM # 9 1/3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	6.7	L N/A	Y				
A B C D	Low Walls		L N/A	Y				
A B C D	Baseboards	0.3	L N/A	Y				
A B C D	Chair Rail		L N/A	Y				
A C D	Radiator	0.2	L N/A	Y				
	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.6	L N/A	Y				
A B	Door	0.3	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	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	0.2	F L N/A	Y				
	Threshold	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	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/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	0.2	M/A M/L N/A	Y				
B	Win Apron	0.2	L N/A	Y				
C	Win Casing	0.3	L N/A	Y				
D	Header Stop	0.2	M/A L N/A	Y				
	Int Stops	0.1	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	0.3	M/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	M/A L N/A	Y				
	Int Stops	0.1	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	0.2	M/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	M/A L N/A	Y				
	Int Stops	0.1	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 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	5.4	L N/A	Y				
C	Up Wall	5.1	L N/A	Y				
D	Up Wall	6.3	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

11 / 16 / 2023

Page 14 of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

ROOM # 4 Cont (21)

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	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	0.2	M/A L N/A	Y				
B	Win Apron	0.3	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.2	M/A L N/A	Y				
	Int Stops	0.1	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	VR	M/A SF L N/A	Y				
	Win Ext Sash	VR	M/A L N/A	Y				
A	Window Sill	0.1	M/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	M/A L N/A	Y				
	Int Stops	0.1	M/A L N/A	Y				
1	Win Int Sash	VR	M/A L N/A	Y				
2	Exterior Sill	VR	M/A SF L N/A	Y				
3	Part Bead	VR	M/A L N/A	Y				
4	Blind Stop	VR	M/A SF L N/A	Y				
	Win Ext Sash	VR	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				
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

11 / 16 / 2023

Page 15 of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

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				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.3	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				
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	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 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	0.2	L N/A	Y				
A B	Door	* 0.36	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	0.1	L N/A	Y				
A	Closet Door	* 0.32	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	0.4	L N/A	Y				
1	Cl Baseboard	0.3	L N/A	Y				
2	Closet Pole	/	L N/A	Y				
3	Closet Shelf	0.2	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	0.4	L N/A	Y				
			F M/A/M L N/A	Y				
			F M/A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

* = metal * Upper / lower Doors

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/M L N/A	Y				
B	Win Apron	0.1	L N/A	Y				
C	Win Casing	0.3	L N/A	Y				
D	Header Stop	0.1	M/A L N/A	Y				
	Int Stops	0.2	M/A L N/A	Y				
1	Win Int Sash	JR	M/A L N/A	Y				
2	Exterior Sill	JR	M/A SF L N/A	Y				
3	Part Bead	JR	M/A L N/A	Y				
4	Blind Stop	/	M/A SF L N/A	Y				
	Win Ext Sash	JR	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	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	0.2	F L N/A	Y				
	Threshold	0.2	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	0.1	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

STAIRCASE # 1st to Basement

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.2	L N/A	Y				
A B	Low Walls	3.4	L N/A	Y				
A B	Baseboards	0.3	L N/A	Y				
A B	Chair Rail	0.3	L N/A	Y				
A B	Radiator	/	L N/A	Y				
A B	Floor	0.4	L <input type="checkbox"/> (dust) N/A	Y				
A B	Ceiling	0.1	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	0.1	F L N/A	Y				
	Threshold	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 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	.	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 <input type="checkbox"/> 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				
	Newel Post	0.1	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	0.2	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower rail	0.1	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	3.6	L N/A	Y				
	Stringer	3.1	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				
A B	Win Above 5'	/	L N/A	Y				
A B	Ceiling Molding	/	L N/A	Y				
b	Up Walls	0.1	L N/A	Y				
c	Up Walls	0.2	L N/A	Y				
d	Up Walls	0.1	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

11 / 16 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

BASEMENT/LAUNDRY AREA

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Walls, Baseboards, Chair Rail, Floor, Ceiling, Chimney, Support Column, Door, Door Edge, Door Casing, Door Jamb, Threshold, Closet Door, Closet Door Edge, Closet Casing, Closet Jamb, Closet Walls, Closet Baseboard, Closet Pole, Closet Shelf, Closet Supports, Closet Floor, Closet Ceiling, Cabinets, Benches, Supports, Pipes, Sink, Drainpipe.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Serviceboard, Shelves, Supports, Win Sill, Win Sill, Win Cas, Head Stop, Window Sash, Exterior Sill, Part Bead, Win Ext Sash, Window Frame, Window Sash, Exterior Sill, Part Bead, Win Ext Sash, Window Frame, Window Sash, Exterior Sill, Part Bead, Win Ext Sash, Newel Posts, Handrail, Balusters, Lower rail, Treads, Risers, Stringer, Tread Edge, Landing floor, Win Bezel, Win Above 5', Door, Door Edge, Door Casing, Door Jamb.

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

Table with columns: 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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

Basement REAR Hallway

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 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	0.2	L (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	0.2	F L N/A	Y				
	Threshold	0.1	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	0.1	F L N/A	Y				
	Threshold	.	L N/A	Y				
A B	Door	0.6	L N/A	Y				
C D	Door Edge	1.3	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	NK	L N/A	Y				
A	Closet Door	.	L N/A	Y				
B	CI Door Edge	.	F L N/A	Y				
C	CI Casing	0.2	L N/A	Y				
D	Closet Jamb	0.1	F L N/A	Y				
	Closet Walls	0.3	L N/A	Y				
1	CI Baseboard	.	L N/A	Y				
2	Closet Pole	.	L N/A	Y				
3	Closet Shelf	0.3	L N/A	Y				
4	CI Supports	0.1	L N/A	Y				
	Closet Floor	NK	L (dust) N/A	Y				
	Closet Ceiling	0.1	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	.	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	0.2	L N/A	Y				
3 4	Door Jamb	0.2	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	0.2	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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

Apt #

City: Quincy, MA

STAIRCASE # REAR Bulkhead Entry

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB	Up Walls	NC	L N/A	Y				
CD	Low Walls	NC	L N/A	Y				
AB	Baseboards	/	L N/A	Y				
AB	Chair Rail	/	L N/A	Y				
AB	Radiator	/	L N/A	Y				
AB	Floor	NC	L <input type="checkbox"/> (dust) N/A	Y				
AB	Ceiling	NC	L N/A	Y				
AB	Door	86	L N/A	Y				
CD	Door Edge	9.1 (F)	L N/A	Y				
12	Door Casing	8.0	L N/A	Y				
34	Door Jamb	9.1	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
AB	Door	7.6	C/N/A	Y				
CD	Door Edge	7.3 (F)	L N/A	Y				
12	Door Casing	8.2	L N/A	Y				
34	Door Jamb	8.0 (F)	L N/A	Y				
	Threshold	0.4	L N/A	Y				
AB	Door	/	L N/A	Y				
CD	Door Edge	/	F L N/A	Y				
12	Door Casing	/	L N/A	Y				
34	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
AB	Door	/	L N/A	Y				
CD	Door Edge	/	F L N/A	Y				
12	Door Casing	/	L N/A	Y				
34	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
AB	Door	/	L N/A	Y				
CD	Door Edge	/	F L N/A	Y				
12	Door Casing	/	L N/A	Y				
34	Door Jamb	/	F L N/A	Y				
	Threshold	/	<input type="checkbox"/> L N/A	Y				
		/	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 <input type="checkbox"/> 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	.	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	NC	F L N/A	Y				
	Risers	NC	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				
AB	Win Above 5'	.	L N/A	Y				
CD	Ceiling Molding	.	L N/A	Y				
B	Up Walls	.	L N/A	Y				
C	Up Walls	.	L N/A	Y				
D	Up Walls	.	L N/A	Y				
		.	L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can only be made intact by a Deleaser (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

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

Basement Front AREA

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	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	0.2	L N/A	Y				
A B C D	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.2	L N/A	Y				
A B C D	Door	1.6	L N/A	Y				
C D	Door Edge	1.4	F L N/A	Y				
1 2	Door Casing	/	L N/A	Y				
3 4	Door Jamb	0.4	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B C D	Door	0.1	L N/A	Y				
A B 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 C D	Door	/	L N/A	Y				
A B 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	Medicine Cab	.	L N/A	Y				
A B C D	Win Above 5'	UR	L N/A	Y				
A B C D	Ceiling Molding	/	L N/A	Y				
	Doors	0.1	F M/A L N/A	Y				
	Columns	0.1	F M/A 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	.	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				
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				
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				
a	Up Walls	0.1	L N/A	Y				
b	Low Walls	/	L N/A	Y				
c	Up Walls	0.2	L N/A	Y				
c	Low Walls	/	L N/A	Y				
d	Up Walls	0.1	L N/A	Y				
d	Low Walls	/	L N/A	Y				
	- Beam	0.1		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

11 / 16 / 2023

Page 21 Of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

Front Common Entry Hall

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	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	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	0.1	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	0.1	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	12.0	L N/A	Y				
3 4	Door Jamb	12.1	F L N/A	Y				
	Threshold	0.1	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	12.3	L N/A	Y				
3 4	Door Jamb	10.6	F L N/A	Y				
	Threshold	0.1	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	Wns. 11	14.0	A/M L N/A	Y				
C D	Wn. Cas	2.1	F L N/A	Y				
1 2	Wn. Sash	UR	L N/A	Y				
3 4		.	F L N/A	Y				
		.	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				
C	Kickplate	10.9	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	8.2	M/A L N/A	Y				
B	Win Apron	10.7	L N/A	Y				
C	Win Casing	10.3	L N/A	Y				
D	Header Stop	10.1	M/L N/A	Y				
	Int Stops	10.2	M/L N/A	Y				
1	Win Int Sash	UR	M/L N/A	Y				
2	Exterior Sill	UR	M/L SF L N/A	Y				
3	Part Bead	UR	M/L N/A	Y				
4	Blind Stop	.	M/L SF L N/A	Y				
	Win Ext Sash	UR	M/L N/A	Y				
A	Window Sill	8.1	M/A L N/A	Y				
B	Win Apron	8.2	L N/A	Y				
C	Win Casing	10.1	L N/A	Y				
D	Header Stop	9.1	M/L N/A	Y				
	Int Stops	8.1	M/L N/A	Y				
1	Win Int Sash	UR	M/L N/A	Y				
2	Exterior Sill	UR	M/L SF L N/A	Y				
3	Part Bead	UR	M/L N/A	Y				
4	Blind Stop	.	M/L SF L N/A	Y				
	Win Ext Sash	UR	M/L N/A	Y				
	Win Sill	9.6	A/M L N/A	Y				
B	Win Apron	9.1	A/M L N/A	Y				
	Win Cas	8.2	A/M L N/A	Y				
	Int Stops	14.2	L N/A	Y				
	Head Stop	14.0	L N/A	Y				
	Win Sash	10.1	F L N/A	Y				
		.	L N/A	Y				
		.	L N/A	Y				
		.	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				
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	0.7	L N/A	Y				
d	Up Walls	0.1	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

DAVID PESCE

M-4025

David Pesce

11 / 16 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

EXTERIOR A Side

SIDE A	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	C2	L N/A	Y				
A	Corner Boards	C2	L N/A	Y				
A	Lower Trim	O2	L N/A	Y				
A	Upper Trim	C2	L N/A	Y				
A	Win Above 5'	C2/VE	L N/A	Y				
A	Porch Above 5'	/	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
12	Door	O.1	L N/A	Y				
34	Door Edge	/	F L N/A	Y				
34	Door Casing	O2	L N/A	Y				
A	Door Jamb	O2	F L N/A	Y				
A	Threshold	C2	L N/A	Y				
A	Kickplate	O.1	L N/A	Y				
A	Storm Door	/	L N/A	Y				
A	Strm Door Edge	/	F L N/A	Y				
12	Door	/	L N/A	Y				
34	Door Edge	/	F L N/A	Y				
34	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				
12	Door Edge	/	F L N/A	Y				
34	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				
A	Win Casing	/	L N/A	Y				
#	Window Sash	/	L N/A	Y				
A	Window Sill	C2	A/M L N/A	Y				
A	Win Casing	C2	L N/A	Y				
# 1	Window Sash	14.3	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 A	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	C2	A/M L N/A	Y				
A	Win Casing	C2	L N/A	Y				
#	Window Sash	14.7	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Sash	/	L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Sash	/	L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Cellar Win Sill	/	A/M L N/A	Y				
A	Cel Win Sash	/	L N/A	Y				
#	Cel Win Frame	/	L N/A	Y				
A	Screen Frame	/	L N/A	Y				
A	Foundation	NK	L N/A	Y				
A	Bulkhead	/	L N/A	Y				
A	Fences	/	L N/A	Y				
A	Shutters	/	L N/A	Y				
A	Newel post	/	L N/A	Y				
A	Railing Cap	/	A/M L N/A	Y				
A	Handrail	O.1	A/M L N/A	Y				
A	Balusters	/	L N/A	Y				
A	Lower Rail	/	L N/A	Y				
A	Treads	NK	F L N/A	Y				
A	Risers	NK	L N/A	Y				
A	Tread Edge	/	L N/A	Y				
A	Landing floor	/	L N/A	Y				
A	Stringer	/	L N/A	Y				
A	Lattice	2.3	L N/A	Y				
A	Drain Pipes	/	L N/A	Y				
A	Elec Conduit	/	L N/A	Y				
A	Oil Fill Pipe	/	L N/A	Y				
A	Overhang Trim	6.7	L N/A	Y				
A	Lamp Post	/	L N/A	Y				
A		/	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	ARI:A MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare Soil				

Comments:

DAVID PESCE

M-4025

David Pesce

11 / 16 / 2023

Page 23 Of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

EXTERIOR B Side

SIDE B	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	Cal	L N/A	Y				
B	Corner Boards	Cal	L N/A	Y				
B	Lower Trim		L N/A	Y				
B	Upper Trim	Cal	L N/A	Y				
B	Win Above 5'	Cal	L N/A	Y				
B	Porch Above 5'	109	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 Deleader (MORE THAN 2880 SQ. IN.)

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

SIDE B	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	03	A/M L N/A	Y				
B	Cel Win Sash	04	L N/A	Y				
#1	Cel Win Frame	03	L N/A	Y				
B	Screen Frame		L N/A	Y				
B	Cellar Win Sill	Cal	A/M L N/A	Y				
B	Cel Win Sash	VR	L N/A	Y				
#2	Cel Win Frame	Cal	L N/A	Y				
B	Screen Frame		L N/A	Y				
B	Cellar Win Sill		A/M L N/A	Y				
B	Cel Win Sash		L N/A	Y				
#	Cel Win Frame		L N/A	Y				
B	Screen Frame		L N/A	Y				
B	Foundation	NS	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	31	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 Area				
Bare Soil				

Comments:

DAVID PESCE

M-4025

David Pesce

11 / 16 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

Apt #

City: Quincy, MA

PORCH B (side) 1st (floor)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	C2	L N/A	Y				
C D	Comer Boards	C2	L N/A	Y				
	Upper Trim	C2	L N/A	Y				
	Ceiling	11.6	G N/A	Y				
	Joists	10.1	L N/A	Y				
	Storm Door	0.1	L N/A	Y				
A B	Strm Door Edge	/	F L N/A	Y				
C D	Door	0.2	L N/A	Y				
	Door Edge	/	F L N/A	Y				
1 2	Door Casing	C2	L N/A	Y				
3 4	Door Jamb	0.1	F L N/A	Y				
	Threshold	C2	L N/A	Y				
	Kickplate	C2	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	0.1	L N/A	Y				
	Door Edge	/	F L N/A	Y				
1 2	Door Casing	C2	L N/A	Y				
3 4	Door Jamb	0.2	F L N/A	Y				
	Threshold	C2	L N/A	Y				
	Kickplate	C2	L N/A	Y				
A B	Window Sill	C2	A/M L N/A	Y				
C D	Win Casing	C2	L N/A	Y				
1 2	Window Sash	NR	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	/	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 Clnms	11.6	L N/A	Y				
	Newel post	/	L N/A	Y				
	Railing Cap	2.1	A/M L N/A	Y				
	Handrail	0.2	A/M L N/A	Y				
	Balusters	7.4	G N/A	Y				
	Lower Rail	7.1	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	0.2	L N/A	Y				
	Stringer	0.2	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Lower Walls	NC	L N/A	Y				
	Lattice	/	L N/A	Y				
	Lower Trim	0.2	L N/A	Y				
	Floor	0.0	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				
		.	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:

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

11 / 16 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

EXTERIOR C Side

SIDE C	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	C2J	L N/A	Y				
	Corner Boards	C2J	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	C2J	L N/A	Y				
	Win Above 5'	C2J	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	0.1	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	0.4	L N/A	Y				
	Door Jamb	0.4	F L N/A	Y				
	Threshold	0.1	L N/A	Y				
	Kickplate	/	L N/A	Y				
C	Storm Door	0.1	L N/A	Y				
	Strm Door Edge	/	F L N/A	Y				
	Door	0.2	L N/A	Y				
	Door Edge	/	F L N/A	Y				
	Door Casing	C2	L N/A	Y				
	Door Jamb	3.6	F L N/A	Y				
	Threshold	0.4	L N/A	Y				
Kickplate	/	L N/A	Y					
C	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				
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				

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 C	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				
C	Cellar Win Sill	C2J	A/M L N/A	Y				
	Cel Win Sash	VR	L N/A	Y				
	Cel Win Frame	C2	L N/A	Y				
C	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
	Cel Win Sash	/	L N/A	Y				
C	Cel Win Frame	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cel Win Sash	/	L N/A	Y				
	Cel Win Frame	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
C	Foundation	NC	L N/A	Y				
	Bulkhead	/	L N/A	Y				
	Fences	NC	L N/A	Y				
C	Shutters	/	L N/A	Y				
	Newel post	/	L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
C	Handrail	/	A/M L N/A	Y				
	Balusters	/	L N/A	Y				
	Lower Rail	/	L N/A	Y				
C	Treads	/	F L N/A	Y				
	Risers	/	L N/A	Y				
	Tread Edge	/	L N/A	Y				
C	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				
C	Overhang Trim	/	L N/A	Y				
	Lamp Post	/	L N/A	Y				
		/	F M/A/M L N/A	Y				
	/	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

11 / 16 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 3 Caledonia Ave.

Apt #

City: Quincy, MA

EXTERIOR D Side

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, Win Above 5', Porch Above 5', Storm Door, Strm Door Edge, Door, Door Edge, Door Casing, Door Jamb, Threshold, Kickplate, Window Sill, Win Casing, Window Sash.

Table with columns: SIDE, LOCATION/SURFACE, LEAD, TYPE OF HAZARD, URG HAZ?, IC DATE, IC METH, DELEAD DATE, DELEAD METH. Rows include Window Sill, Win Casing, Window Sash, Cellar Win Sill, Cel Win Sash, Cel Win Frame, Screen Frame, Foundation, Bulkhead, Fences, Shutters, Newel post, Railing Cap, Handrail, Balusters, Lower Rail, Treads, Risers, Tread Edge, Landing floor, Stringer, Lattice, Drain Pipes, Elec Conduit, Oil Fill Pipe, Overhang Trim, Lamp Post.

COMMENTS / STRUCTURAL DEFECTS:

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

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

Table with columns: SIDE, LOCATION, MEASURE: LOOSE PAINT, IC DATE, IC METHOD. Rows for D side.

Table with columns: LOCATION, AREA MEASUREMENT (Square Feet), RESULT (PPM), REMED DATE, REMED METH. Rows for Play Area and Bare Soil.

Comments:

DAVID PESCE

M-4025

David Pesce

11 / 16 / 2023

Page 27 of 28

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave.

Apt #

City:

Quincy, MA

GARAGE

(D-Side)

SIDE A	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	NK	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	COV	L N/A	Y				
A	Door	3-3	L N/A	Y				
	Door Edge	/	F L N/A					
	Door Casing	0 1	L N/A	Y				
	Door Jamb	3-3	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
A	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE C	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	NK	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	COV	L N/A	Y				
C	Door	/	L N/A	Y				
	Door Edge	/	F L N/A					
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
C	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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

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

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

SIDE B	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	NK	L N/A	Y				
	Downspouts	3-6	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	COV	L N/A	Y				
B	Door	/	L N/A	Y				
	Door Edge	/	F L N/A					
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
B	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
B	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE D	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	NK	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	COV	L N/A	Y				
D	Door	/	L N/A	Y				
	Door Edge	/	F L N/A					
	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
D	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
D	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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

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

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

DAVID PESCE

M-4025

David Pesce

11/16/2023

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

3 Caledonia Ave

Apt #

City:

Quincy

GARAGE

(B-side)

SIDE A	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				
	Lower Trim	/	L N/A	Y				
	Upper Trim	Co	L N/A	Y				
A	Door	O	L N/A	Y				
	Door Edge	/	F L N/A					
A	Door Casing	Co	L N/A	Y				
	Door Jamb	Co	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
A	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE C	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	Co	L N/A	Y				
C	Corner Boards	Co	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	Co	L N/A	Y				
C	Door	/	L N/A	Y				
	Door Edge	/	F L N/A					
C	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
C	Window Sill	/	A/M L N/A	Y				
	Win Casing	/	L N/A	Y				
	Win Sash	/	L N/A	Y				
C	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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

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

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

SIDE B	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	Co	L N/A	Y				
B	Corner Boards	Co	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	Co	L N/A	Y				
B	Door	/	L N/A	Y				
	Door Edge	/	F L N/A					
B	Door Casing	/	L N/A	Y				
	Door Jamb	/	F L N/A	Y				
	Threshold	/	L N/A	Y				
B	Window Sill	Co	A/M L N/A	Y				
	Win Casing	Co	L N/A	Y				
	Win Sash	VR	L N/A	Y				
B	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE D	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
D	Siding	Co	L N/A	Y				
D	Corner Boards	Co	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	Co	L N/A	Y				
D	Door	O	L N/A	Y				
	Door Edge	/	F L N/A					
D	Door Casing	O	L N/A	Y				
	Door Jamb	O	F L N/A	Y				
	Threshold	O	L N/A	Y				
D	Window Sill	Co	A/M L N/A	Y				
	Win Casing	Co	L N/A	Y				
	Win Sash	VR	L N/A	Y				
D	Foundation	/	L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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

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

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