



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

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

### Lead Inspection / Risk Assessment

St.# 465 Street Name BEALE Street Type ST Unit ----  
 City QUINCY Zip Code 02169

Owner Name: Huyen Do  
 Owner Address: 465 Beale St Quincy MA 02169  
 Contact Information: \_\_\_\_\_  
 Client Name (if different from owner): \_\_\_\_\_  
 Client Address: \_\_\_\_\_

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

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

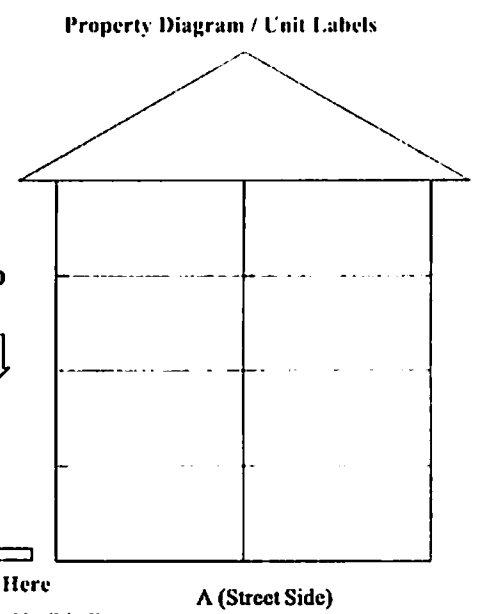
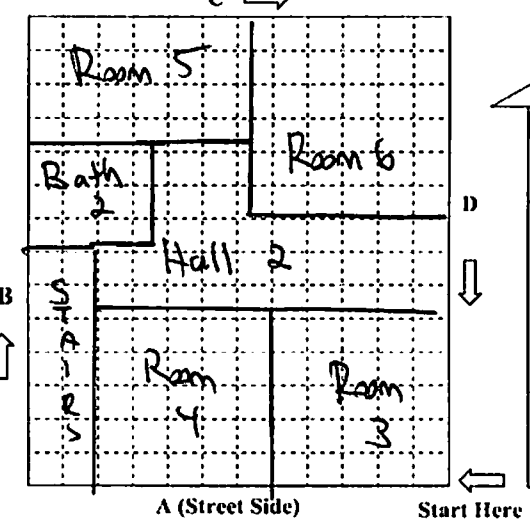
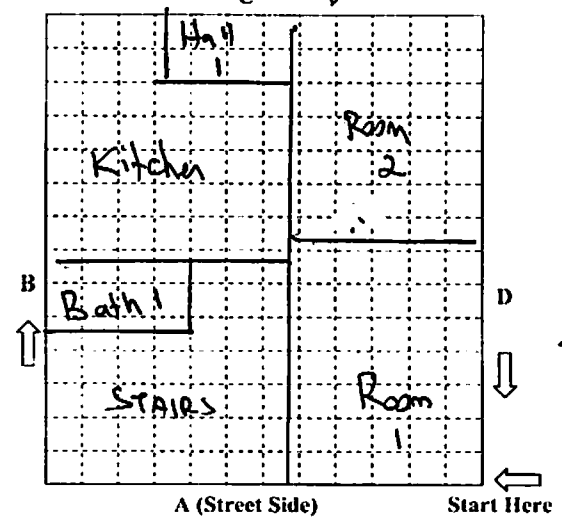
Key	Delead/IC Method Column	Key	Delead/IC Method Column
COV	Covered	REM	Removed
DIP	Dipped	REP	Replaced
ENC	Encapsulated	SCR	Scraped
INT	Intact	SFR	Storm Frame Removed
MI	Made Intact	SLD	Sealed
PRE	Prepared for Enc.	STP	Stripped
<input checked="" type="checkbox"/>	Component Does Not Exist	VR/MR	Vinyl/Metal 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  
 Na<sub>2</sub>S Expiration Date: 1/1  
 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# 2



Pb (lead) equal to or greater than 1.0 mg/cm<sup>2</sup> with x-ray fluorescence or positive with Na<sub>2</sub>S is Dangerous.  
 XRF Calibration Recorded in Log Book  - Check off when complete  
 Address Verified through USPS  - Check off when complete  
 Research on Lead Related History for Address  - Check off when complete  
[www.state.ma.us/dph/clppp](http://www.state.ma.us/dph/clppp) or 800-532-9571

**David Pesce**  
 Inspector's Name (print)  
 L1/RA - revised 06/17

**M-4025**  
 License #

Signature

**12 / 04 / 23**  
 Date

**INSPECTION HISTORY**

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Comprehensive Initial Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name: **David Pesco**, Lic# **4025**  
Signature \_\_\_\_\_

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

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Walk Through for Ed/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Visual Portion of Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Dust Taken for Reocc. Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Visual Portion of Final Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

**INTERIM CONTROL**

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

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

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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R.A. Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

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

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

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

Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Visual Portion of PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
Signature \_\_\_\_\_

Dust Taken for PCAD Reinspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_, Lic# \_\_\_\_\_  
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 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 \_\_\_\_\_

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.

<b>SIDE</b>	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.
<b>LOCATION/ SURFACE</b>	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.
<b>LEAD</b>	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> <li>• A number shows that the surface was tested with an XRF analyzer. A number equal to or greater than 1.0 mg/cm<sup>2</sup> is a dangerous level of lead.</li> <li>• A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead.</li> <li>• "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.</li> <li>• "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/cm<sup>2</sup>, or are marked "MET" or "N/A". All other metal surfaces must be intact.</li> <li>• For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page.</li> </ul>
<b>TYPE OF HAZARD</b>	<p>Not all lead paint must be delead. This column tells you <b>IF</b> and <b>WHY</b> 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"> <li>• "M/I" circled means that the surface is a moveable/impacted part of a window and must be delead in its entirety.</li> <li>• "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.</li> <li>• "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.</li> <li>• "F" circled means that the surface is a "friction" surface and must be delead at all points of potential friction.</li> <li>• "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.</li> <li>• 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.</li> <li>• "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.</li> <li>• 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.</li> </ul>
<b>URG HAZ?</b>	This column is completed during a risk assessment, which is an evaluation of a home's suitability for Interim Control. <b>Only a licensed risk assessor can do a risk assessment.</b> If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and deleading is required to qualify for Interim Control.
<b>IC DATE</b>	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
<b>IC METH</b>	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
<b>DELEAD DATE</b>	The date that the lead inspector reinspects the surface and finds that it is in compliance.
<b>DELEAD METH</b>	The method used to bring a surface into full compliance. Refer to codes in the Key on the report's cover page.
<b>EXCLUDED SURFACES</b>	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.
<b>RULED OUT BOX</b>	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

12 / 04 / 2023

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeakSt

Apt # AAA

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	0.1	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	2.1	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	0.1	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.6	L N/A	Y				
3 4	Door Jamb	1.3	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	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	/	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/L N/A	Y				
	Spusth	0.1	F M/A/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	Window Sill	1.6	M/A L N/A	Y				
B	Win Apron	1.3	L N/A	Y				
C	Win Casing	1.4	L N/A	Y				
D	Header Stop	1.5	M/A L N/A	Y				
	Int Stops	1.2	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	1.7	M/A L N/A	Y				
B	Win Apron	1.5	L N/A	Y				
C	Win Casing	1.7	L N/A	Y				
D	Header Stop	1.7	M/A L N/A	Y				
	Int Stops	1.3	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 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	0.2	L N/A	Y				
C	Up Wall	0.5	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:

465 Beak St

Apt # AAA

City:

Quincy, MA

STAIRCASE # 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	0.1	L N/A	Y				
A B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	0.6	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	0.8	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 1st	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 1st	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 1st	/	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 1st	/	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 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	0.2	F L N/A	Y				
	Threshold	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	0.2	F L N/A	Y				
	Threshold	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	0.2	F L N/A	Y				
	Threshold	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

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	0.1	L N/A	Y				
C	Win Casing	0.3	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	0.4	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	0.1	L N/A	Y				
	Railing Cap	0.1	A/M L N/A	Y				
	Handrail	0.1	A/M L N/A	Y				
	Balusters	0.2	L N/A	Y				
	Lower rail	/	L N/A	Y				
	Treads	0.1	F L N/A	Y				
	Risers	0.1	L N/A	Y				
	Stringer	0.2	L N/A	Y				
	Tread edge >5	/	L N/A	Y				
	Landing floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	0.1	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	0.1	L N/A	Y				
c	Up Walls	0.1	L N/A	Y				
d	Up Walls	0.1	L N/A	Y				
D	Shelf	0.1	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

12 / 04 / 2023

Page 7 of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BeakSt

Apt # AAA

City:

Quincy, MA

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	15.9	L N/A	Y				
A	Low Walls	1.2	L N/A	Y				
A B C D	Baseboards	0.6	L N/A	Y				
A B C D	Chair Rail	0.6	L N/A	Y				
A B C D	Radiator	0.2	L N/A	Y				
	Floor	0.0	L <input type="checkbox"/> (dust) N/A	Y				
	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	0.1	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	0.2	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	0.2	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	0.1	F L N/A	Y				
	Threshold	0.0	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				
A B C D	Win Above 5'	/	L N/A	Y				
	Ceiling Molding	/	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	Window Sill	0.2	M/I 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	0.2	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	0.3	M/I A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	0.4	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 B	Up Cab Frame	0.0	L N/A	Y				
C D	Up Cab Door	0.0	L N/A	Y				
	Up Cab Walls	14.0	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	0.1	L N/A	Y				
C D	Low Cab Walls	2.6	L N/A	Y				
	Low Cab Shlvs	0.1	L N/A	Y				
1 2	Supports	0.2	L N/A	Y				
3 4	Drawers	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	0.1	L N/A	Y				
B	Up Walls	13.0	L N/A	Y				
B	Low Walls	2.1	L N/A	Y				
C	Up Walls	12.6	L N/A	Y				
C	Low Walls	1.9	L N/A	Y				
D	Up Walls	14.9	L N/A	Y				
D	Low Walls	1.4	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

12 / 04 / 2023

Page 8 Of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 Beale St

Apt # AAA

City:

Quincy, MA

Hallway #1

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	0.4	L N/A	Y				
A B C D	Chair Rail	0.6	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
A B C D	Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	1.6	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	0.2	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:

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 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	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 B	Shelf	0.2	L N/A	Y				
C D	Support	0.1	F L N/A	Y				
1 2	Beam	0.0	L N/A	Y				
3 4		/	F L N/A	Y				
		/	L N/A	Y				
A B	Low wall	0.1	L N/A	Y				
C D	low wall	6.2	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	7.0	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:

465 BeakSt

Apt # AAA

City: Quincy, MA

Rear Enclosed Porch 1st floor

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	CAV	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				
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	0.1	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	14.0	L N/A	Y				
3 4	Door Jamb	0.3	F L N/A	Y				
	Threshold	CAV	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	3.6	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	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	Kickplate	0.1	F M/A A/M L N/A	Y				
			F M/A A/M 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	Window Sill	0.2	M/A A/M L N/A	Y				
B	Win Apron	/	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	0.0	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 A/M L N/A	Y				
B	Win Apron	/	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	/	M/A SF L N/A	Y				
	Win Ext Sash	VR	M/A L N/A	Y				
A	Window Sill	0.0	M/A A/M L N/A	Y				
B	Win Apron	/	L N/A	Y				
C	Win Casing	0.2	L N/A	Y				
D	Header Stop	0.0	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 B	Win sill	CAV	L N/A	Y				
C D	Win (CAV)	CAV	F L N/A	Y				
1 2	Win SASH	VR	L N/A	Y				
3 4		/	F L N/A	Y				
1		/	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	0.0	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

12 / 04 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 Bear St

Apt # 444

City: Quincy, MA

ROOM # 2 (1/2)

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	0.1	L N/A	Y				
A B C D	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
A B C D	Ceiling	0.2	L N/A	Y				
A B	Door	/	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.1	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	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	/	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				
	Ci Baseboard	0.3	L N/A	Y				
2	Closet Pole	/	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	0.2	L N/A	Y				
D	Bench	0.2	F M/A M/L N/A	Y				
C	Drawers	0.0	F M/A M/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	Window Sill	0.2	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	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	0.1	M/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/A	L N/A	Y			
	Int Stops	0.2	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 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	0.2	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	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

DAVID PESCE

M-4025

Signature: David Pesce

12 / 04 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BeakSt

Apt # AAA

City: Quincy, MA

ROOM # 2 Cont (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	0.0	L N/A	Y				
B	Cl Door Edge	0.1	F L N/A	Y				
C	Cl Casing	0.1	L N/A	Y				
D	Closet Jamb	0.1	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	0.0	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	0.1	L N/A	Y				
		.	F M/A/M/L N/A	Y				
		.	F M/A/M/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	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	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 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

12 / 04 / 2023

Page 12026

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeaSt

Apt # AAA

City: Quincy, MA

BATHROOM # 1

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	0.2	L N/A	Y				
A B C D	Baseboards	0.0	L N/A	Y				
A B C D	Chair Rail	0.1	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	0.1	L N/A	Y				
	Door	0.0	L N/A	Y				
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	.	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				
A B C D	Medicine Cab	.	L N/A	Y				
A B C D	Win Above 5'	.	L N/A	Y				
	Ceiling Molding	0.0	L N/A	Y				
		.	F M/I A/M L N/A	Y				
		.	F M/I 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	0.0	L N/A	Y				
A B	Low Cab Door	0.2	L N/A	Y				
C D	Low Cab Walls	0.2	L N/A	Y				
	Low Cab Shlvs	0.2	L N/A	Y				
1 2	Supports	.	L N/A	Y				
3 4	Drawers	.	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				
b	Up Walls	0.2	L N/A	Y				
B	Low Walls	0.1	L N/A	Y				
c	Up Walls	0.0	L N/A	Y				
c	Low Walls	0.0	L N/A	Y				
d	Up Walls	0.1	L N/A	Y				
d	Low Walls	0.2	L N/A	Y				
		0.0		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:

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:

465 Beal St

Apt # AAA

City: Quincy, MA

HALLWAY #2 (1/2)

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 B C D	Low Walls	/	L N/A	Y				
A B C D	Baseboards	08	L N/A	Y				
A B C D	Chair Rail	/	L N/A	Y				
A B C D	Radiator	/	L N/A	Y				
	Floor	01	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	02	L N/A	Y				
A B	Door	01	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	06	L N/A	Y				
3 4	Door Jamb	04	F L N/A	Y				
	Threshold	01	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	03	L N/A	Y				
3 4	Door Jamb	03	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	16	L N/A	Y				
3 4	Door Jamb	13	F L N/A	Y				
	Threshold	/	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	12	L N/A	Y				
3 4	Door Jamb	04	F L N/A	Y				
	Threshold	/	L N/A	Y				
A	Closet Door	02	L N/A	Y				
B	CI Door Edge	/	F L N/A	Y				
C	CI Casing	02	L N/A	Y				
D	Closet Jamb	01	F L N/A	Y				
	Closet Walls	02	L N/A	Y				
1	CI Baseboard	00	L N/A	Y				
2	Closet Pole	/	L N/A	Y				
3	Closet Shelf	/	L N/A	Y				
4	CI Supports	01	L N/A	Y				
	Closet Floor	02	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	00	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	02	M/I A/M L N/A	Y				
B	Win Apron	02	L N/A	Y				
C	Win Casing	01	L N/A	Y				
D	Header Stop	02	M/I L N/A	Y				
	Int Stops	02	M/I L N/A	Y				
1	Win Int Sash	NR	M/I L N/A	Y				
2	Exterior Sill	NR	M/I SF L N/A	Y				
3	Part Bead	NR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	NR	M/I L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	16	L N/A	Y				
3 4	Door Jamb	13	F L N/A	Y				
	Threshold	00	L N/A	Y				
A B	Door	02	L N/A	Y				
C D	Door Edge	/	F L N/A	Y				
1 2	Door Casing	14	L N/A	Y				
3 4	Door Jamb	13	F L N/A	Y				
	Threshold	00	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				
a	Up Walls	02	L N/A	Y				
c	Up Walls	02	L N/A	Y				
d	Up Walls	02	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

12 / 04 / 2023

Page 14 of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BeakSt

Apt # AAA

City: Quincy, MA

Hallway #2 cont (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	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	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 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	26	L N/A	Y				
C D	Up Cab Door	24	L N/A	Y				
	Up Cab Walls	0.1	L N/A	Y				
1 2	Up Cab Shlvs	30	L N/A	Y				
3 4	Supports	29	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	.	L N/A	Y				
b	Low Walls	.	L N/A	Y				
c	Up Walls	.	L N/A	Y				
c	Low Walls	.	L N/A	Y				
d	Up Walls	.	L N/A	Y				
d	Low Walls	.	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				
		.	F M/I A/M L N/A	Y				
		.	F M/I 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

12 / 04 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeabSt

Apt # AAA

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	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	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	0.2	F L N/A	Y				
	Threshold	N.C.	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	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	0.1	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	0.2	F L N/A	Y				
	Closet Walls	0.1	L N/A	Y				
1	CI Baseboard	0.1	L N/A	Y				
2	Closet Pole	0.2	L N/A	Y				
3	Closet Shelf	0.2	L N/A	Y				
4	CI Supports	0.1	L N/A	Y				
	Closet Floor	0.2	L <input type="checkbox"/> (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:

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 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	Window Sill	0.1	M/A 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/A L N/A	Y				
	Int Stops	0.2	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 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	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

DAVID PESCE

M-4025

David Pesce

12 / 04 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BearSt

Apt # AAA

City: Quincy, MA

ROOM # 9

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				
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	2.3	L N/A	Y				
C D	Door Edge	3.0 (F)	L N/A	Y				
1 2	Door Casing	2.6	L N/A	Y				
3 4	Door Jamb	2.9 (F)	L N/A	Y				
	Threshold	0.0	L N/A	Y				
A B	Door	3.0	L N/A	Y				
C D	Door Edge	3.1 (F)	L N/A	Y				
1 2	Door Casing	3.6	L N/A	Y				
3 4	Door Jamb	2.6 (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	0.1	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		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	C: 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				
Bk	Shelf	0.1	F M/A/M L N/A	Y				
			F M/A/M 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	Window Sill	3.1	M/A/M L N/A	Y				
B	Win Apron	3.0	L N/A	Y				
C	Win Casing	2.7	L N/A	Y				
D	Header Stop	2.4	M/L L N/A	Y				
	Int Stops	2.1	M/L L N/A	Y				
1	Win Int Sash	0.0	M/L L N/A	Y				
2	Exterior Sill	0.0	M/L SF L N/A	Y				
3	Part Bead	0.0	M/L L N/A	Y				
4	Blind Stop		M/L SF L N/A	Y				
	Win Ext Sash	0.0	M/L L N/A	Y				
A	Window Sill		M/L 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 L N/A	Y				
	Int Stops		M/L L N/A	Y				
1	Win Int Sash		M/L L N/A	Y				
2	Exterior Sill		M/L SF L N/A	Y				
3	Part Bead		M/L L N/A	Y				
4	Blind Stop		M/L SF L N/A	Y				
	Win Ext Sash		M/L L N/A	Y				
A	Window Sill		M/L 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 L N/A	Y				
	Int Stops		M/L L N/A	Y				
1	Win Int Sash		M/L L N/A	Y				
2	Exterior Sill		M/L SF L N/A	Y				
3	Part Bead		M/L L N/A	Y				
4	Blind Stop		M/L SF L N/A	Y				
	Win Ext Sash		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	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

12 / 04 / 2023

Page 17 of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeakSt

Apt # AAA

City: Quincy, MA

BATHROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Up Walls	4.6	L N/A	Y				
A	Low Walls	0.3	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	0.0	L N/A	Y				
A B C D	Floor	0.0	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				
(D)	Door Edge	/	F L N/A	Y				
1 2	Door Casing	0.2	L N/A	Y				
3 4	Door Jamb	11.6 (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	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 B C D)	Medicine Cab	0.1	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	0.1	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	/	L N/A	Y				
A	Window Sill	0.0	M/A M L N/A	Y				
(B)	Win Apron	0.0	L N/A	Y				
C	Win Casing	0.0	L N/A	Y				
D	Header Stop	0.1	M/A L N/A	Y				
	Int Stops	0.0	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	4.2	L N/A	Y				
B	Low Walls	0.7	L N/A	Y				
C	Up Walls	4.1	L N/A	Y				
C	Low Walls	0.9	L N/A	Y				
D	Up Walls	7.3	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:

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: 465 BeabSt

Apt # AAA

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	0.0	L N/A	Y				
A B C D	Low Walls		L N/A	Y				
A B C D	Baseboards	3.6	L N/A	Y				
A B C A B C A B	Chair Rail		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		L N/A	Y				
A B	Door	3.4	L N/A	Y				
C D	Door Edge	2.2 (F)	L N/A	Y				
1 2	Door Casing	2.1	L N/A	Y				
3 4	Door Jamb	3.9 (F)	L N/A	Y				
	Threshold		L N/A	Y				
A B	Door	2.4	L N/A	Y				
C D	Door Edge	2.8 (F)	L N/A	Y				
1 2	Door Casing	2.6	L N/A	Y				
3 4	Door Jamb	2.1 (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	0.6	L N/A	Y				
3 4	Door Jamb	0.6	F L N/A	Y				
	Threshold		L N/A	Y				
A	Closet Door	2.6	L N/A	Y				
B	Ci Door Edge	2.4 (F)	L N/A	Y				
C	Ci Casing	2.1	L N/A	Y				
D	Closet Jamb	3.0	F L N/A	Y				
	Closet Walls	0.6	L N/A	Y				
1	Ci Baseboard	2.4	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	0.7	L N/A	Y				
	Closet Floor	0.1	L <input type="checkbox"/> (dust) N/A	Y				
	Closet Ceiling	0.4	L N/A	Y				
C	Pipe	0.1	F M/A/M/L N/A	Y				
			F M/A/M/L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:  
 \*old walled up door in closet

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	3.0	M/A <input checked="" type="checkbox"/>	L N/A	Y			
B	Win Apron	2.6	L N/A	Y				
C	Win Casing	2.1	L N/A	Y				
D	Header Stop	3.4	M/A	L N/A	Y			
	Int Stops	3.1	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	2.7	M/A <input checked="" type="checkbox"/>	L N/A	Y			
B	Win Apron	2.1	L N/A	Y				
C	Win Casing	2.3	L N/A	Y				
D	Header Stop	2.4	M/A	L N/A	Y			
	Int Stops	3.0	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 <input checked="" type="checkbox"/>	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	0.0	L N/A	Y				
c	Up Wall	0.0	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

12 / 04 / 2023

Page 19 of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BearSt

Apt # AAA

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 C D	Low Walls		L N/A	Y				
A B C D	Baseboards	16.3	L N/A	Y				
A B C D	Chair Rail		L N/A	Y				
(B)	Radiator	0.1	L N/A	Y				
	Floor	0.2	L <input type="checkbox"/> (dust) N/A	Y				
	Ceiling	0.1	L N/A	Y				
(A) B	Door	10.6	(A) L N/A	Y				
C D	Door Edge	11.2 (F)	L N/A	Y				
1 2	Door Casing	10.9	L N/A	Y				
3 4	Door Jamb	11.4 (F)	L N/A	Y				
	Threshold	0.1	L N/A	Y				
(A) B	Door	7.2	L N/A	Y				
C D	Door Edge	8.1 (F)	L N/A	Y				
1 2	Door Casing	15.1	L N/A	Y				
3 4	Door Jamb	15.4 (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	12.6	L N/A	Y				
(B)	CI Door Edge	10.6 (F)	L N/A	Y				
C	CI Casing	0.4	L N/A	Y				
D	Closet Jamb	10.9	F L N/A	Y				
	Closet Walls	0.2	L N/A	Y				
1	CI Baseboard	0.6	L N/A	Y				
2	Closet Pole		L N/A	Y				
3	Closet Shelf		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	0.2	L N/A	Y				
			F M/A/M L N/A	Y				
			F M/A/M 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	Window Sill	19.3	M/A (A/M) L N/A	Y				
B	Win Apron	16.2	L N/A	Y				
(C)	Win Casing	15.4	L N/A	Y				
D	Header Stop	17.2	M/A L N/A	Y				
	Int Stops	14.3	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	14.6	M/A (A/M) L N/A	Y				
B	Win Apron	14.7	L N/A	Y				
C	Win Casing	13.6	L N/A	Y				
(D)	Header Stop	13.7	M/A L N/A	Y				
	Int Stops	14.2	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 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	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

Signature David Pesce

12 / 04 / 2023

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BearSt

Apt # AAA

City: Quincy, MA

STAIRCASE # 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	0.1	L N/A	Y				
A B C D	Baseboards	0.4	L N/A	Y				
A B C D	Chair Rail	0.4	L N/A	Y				
A B C D	Radiator		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	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	0.1	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	0.1	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 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 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				

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 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 <input type="checkbox"/> 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				
	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	NC	L N/A	Y				
	Tread edge >5		L N/A	Y				
	Landing floor	N.C	L <input type="checkbox"/> (dust) N/A	Y				
	Floor Edge	NC	L N/A	Y				
	Floor Casing	N.C	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 Walls	0.2	L N/A	Y				
c	Up Walls	0.1	L N/A	Y				
d	Up Walls	0.2	L N/A	Y				
B	Down 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

12 / 04 / 2023

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 BeakSt

Apt # AAA

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	02	L N/A	Y				
B	Walls	02	L N/A	Y				
C	Walls	01	L N/A	Y				
D	Walls	00	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	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	06	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	.	L N/A	Y				
A B C D	Sink	.	L N/A	Y				
A B C D	Drainpipe	01	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	Oil Tank	.	L N/A	Y				
A B C D	Win Above 5'	02	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

Signature David Pesce

12 / 04 / 2023

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Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeakSt

Apt # AAA

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				
	Corner Boards	C2	L N/A	Y				
	Lower Trim		L N/A	Y				
	Upper Trim	C2	L N/A	Y				
	Win Above 5'	VR	L N/A	Y				
	Porch Above 5'		L N/A	Y				
A	Storm Door	0.1	L N/A	Y				
	Strm Door Edge		F L N/A	Y				
1 2	Door	0.2	L N/A	Y				
	Door Edge		F L N/A	Y				
3 4	Door Casing	16.4	L N/A	Y				
	Door Jamb	0.2	F L N/A	Y				
A	Threshold	0.1	L N/A	Y				
	Kickplate	0.0	L N/A	Y				
A	Storm Door		L N/A	Y				
	Strm Door Edge		F L N/A	Y				
1 2	Door		L N/A	Y				
	Door Edge		F L N/A	Y				
3 4	Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
A	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
A	Door		L N/A	Y				
	Door Edge		F L N/A	Y				
1 2	Door Casing		L N/A	Y				
	Door Jamb		F L N/A	Y				
3 4	Threshold		L N/A	Y				
	Kickplate		L N/A	Y				
A #	Window Sill	C2	A/M L N/A	Y				
	Win Casing	C2	L N/A	Y				
	Window Sash	VR	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: \*Single deadlike window on 1st floor

SIDE A	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				
A #	Screen Frame		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
	Cel Win Sash		L N/A	Y				
A #	Cel Win Frame		L N/A	Y				
	Screen Frame		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
A #	Cel Win Sash		L N/A	Y				
	Cel Win Frame		L N/A	Y				
	Screen Frame		L N/A	Y				
A #	Foundation	NC	L N/A	Y				
	Bulkhead		L N/A	Y				
	Fences		L N/A	Y				
A #	Shutters		L N/A	Y				
	Newel post		L N/A	Y				
	Railing Cap	0.2	A/M L N/A	Y				
A #	Handrail		A/M L N/A	Y				
	Balusters		L N/A	Y				
	Lower Rail	0.1	L N/A	Y				
A #	Treads	0.2	F L N/A	Y				
	Risers	0.0	L N/A	Y				
	Tread Edge		L N/A	Y				
A #	Landing floor	0.1	L N/A	Y				
	Stringer	0.2	L N/A	Y				
	Lattice	0.0	L N/A	Y				
A #	Drain Pipes		L N/A	Y				
	Elec Conduit		L N/A	Y				
	Oil Fill Pipe		L N/A	Y				
A #	Overhang Trim	C2	L N/A	Y				
	Lamp Post		L N/A	Y				
	Column	0.2	F M/A/M L N/A	Y				
A #	Window Sill	9.6	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

12 / 04 / 2023

Page 23 Of 26

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 BeakSt

Apt # AAA

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	/	L N/A	Y				
B	Upper Trim	Ca	L N/A	Y				
B	Win Above 5'	JR	L N/A	Y				
B	Porch Above 5'	/	L N/A	Y				
B	Storm Door	/	L N/A	Y				
B	Strm Door Edge	/	F L N/A	Y				
B	Door	Ca	L N/A	Y				
1 2	Door Edge	/	F L N/A	Y				
3 4	Door Casing	Ca	L N/A	Y				
B	Door Jamb	O.I	F L N/A	Y				
B	Threshold	Ca	L N/A	Y				
B	Kickplate	O.I	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				
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	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	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Window Sill	Nc	A/M L N/A	Y				
B	Win Casing	Ca	L N/A	Y				
# 2	Window Sash	JR	L N/A	Y				
B	Cellar Win Sill	Ca	A/M L N/A	Y				
B	Cel Win Sash	JR	L N/A	Y				
# 1	Cel Win Frame	Z.B	L N/A	Y				
B	Screen Frame	/	L N/A	Y				
B	Cellar Win Sill	Ca	A/M L N/A	Y				
B	Cel Win Sash	JR	L N/A	Y				
# 2	Cel Win Frame	Ca	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	Nc	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	O.I	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

12 / 04 / 2023

Page 21 of 24

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

465 Beale St

Apt # AAA

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	Ca	L N/A	Y				
	Corner Boards	Ca	L N/A	Y				
	Lower Trim	Ca	L N/A	Y				
	Upper Trim	B.I	L N/A	Y				
	Win Above 5'	VR	L N/A	Y				
	Porch Above 5'	/	L N/A	Y				
C	Storm Door	0.1	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	Ca	L N/A	Y				
	Door Jamb	Ca	F L N/A	Y				
	Threshold	NL	L N/A	Y				
	Kickplate	/	L N/A	Y				
C	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				
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	Ca	A/M L N/A	Y				
	Win Casing	Ca	L N/A	Y				
	Window Sash	VR	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:  
\* Facing B side

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	Ca	A/M L N/A	Y				
	Win Casing	Ca	L N/A	Y				
#	Window Sash	VR	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
	Cell Win Sash	/	L N/A	Y				
#	Cell Win Frame	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
	Cellar Win Sill	/	A/M L N/A	Y				
C	Cell Win Sash	/	L N/A	Y				
	Cell Win Frame	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
C	Cellar Win Sill	/	A/M L N/A	Y				
	Cell Win Sash	/	L N/A	Y				
	Cell Win Frame	/	L N/A	Y				
	Screen Frame	/	L N/A	Y				
C	Foundation	NL	L N/A	Y				
	Bulkhead	/	L N/A	Y				
	Fences	/	L N/A	Y				
C	Shutters	/	L N/A	Y				
	Newel post	0.2	L N/A	Y				
	Railing Cap	0.2	A/M L N/A	Y				
C	Handrail	/	A/M L N/A	Y				
	Balusters	0.1	L N/A	Y				
	Lower Rail	0.2	L N/A	Y				
	Treads	0.2	F L N/A	Y				
	Risers	0.2	L N/A	Y				
	Tread Edge	/	L N/A	Y				
	Landing floor	0.1	L N/A	Y				
	Stringer	0.2	L N/A	Y				
	Lattice	0.2	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				
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 Arca				
Bare Soil				

Comments:



DAVID PESCE

M-4025

David Pesce

12 / 04 / 2023

Inspector (print)

Lic #

Signature

Date

DAVID PESCE

R-4025

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 465 Beale St

Apt # AAA

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	CAV	L N/A	Y				
	Corner Boards	CAV	L N/A	Y				
	Lower Trim		L N/A	Y				
	Upper Trim	CAV	L N/A	Y				
	Win Above 5'	VR	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	CAV	A/M L N/A	Y				
	Cel Win Sash	VR	L N/A	Y				
	Cel Win Frame	CAV	L N/A	Y				
D	Screen Frame		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
	Cel Win Sash		L N/A	Y				
D	Cel Win Frame		L N/A	Y				
	Screen Frame		L N/A	Y				
	Cellar Win Sill		A/M L N/A	Y				
D	Cel Win Sash		L N/A	Y				
	Cel Win Frame		L N/A	Y				
	Screen Frame		L N/A	Y				
D	Cellar Win Sill		A/M L N/A	Y				
	Cel Win Sash		L N/A	Y				
	Cel Win Frame		L N/A	Y				
D	Screen Frame		L N/A	Y				
	Foundation		L N/A	Y				
	Bulkhead		L N/A	Y				
D	Fences		L N/A	Y				
	Shutters		L N/A	Y				
	Newel post		L N/A	Y				
D	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	02	L N/A	Y				
	Overhang Trim	20	L N/A	Y				
D	Lamp Post		L N/A	Y				
D	Chimney	N/C	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 MEASURE: MENT ( 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:

465 BeakSt

Apt # AAA

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.