

MODEL LEAD MANAGEMENT PLAN

This plan is developed in accordance with section 19a-111-2(e) of the Regulations of Connecticut State Agencies and establishes the procedure for ongoing monitoring of intact lead-based paint surfaces and lead contaminated soil areas at the following property:

Street: _____ Town/City: _____

Inspection Information

Date(s) of Inspection: _____ Name(s) of Inspector(s): _____

Certificate Number: _____ or Agency if Code Enforcement Official: _____

ATTACH COPY OF INSPECTION REPORT USED TO DEVELOP MANAGEMENT PLAN

Objective

The objective of this lead management plan is to regularly monitor intact lead-based paint surfaces to ensure that they remain intact and that any defects or damage are detected and safely repaired or abated. Lead contaminated soil areas will also be regularly monitored to ensure that coverings, barriers and access restrictions are maintained.

Procedure

All lead-based paint surfaces and lead-contaminated soil areas listed in this monitoring log must be monitored on a regular basis. The results of the examination; how and when any needed repairs will be done; and the date and the person performing the examination must be documented in this log and kept by the property owner/agent. A copy of this plan and the monitoring log will be submitted to the local director of health or the commissioner of public health upon request.

Inspection Frequency

Monitoring will be conducted once every _____ month(s). Surfaces that have been abated by liquid or cementitious encapsulants will be monitored every _____ month(s) for _____ month(s) after application and every _____ month(s) thereafter. Indicate the name, title and telephone number of the person who is responsible for overseeing the implementation of this management plan:

Name: _____ Title: _____ Telephone: _____

Corrective Action

Lead-based paint surfaces that have deteriorated (become defective) must be repaired or abated in accordance with a lead abatement plan consistent with state regulations.

NOTE: This plan must be transferred with ownership of the property upon transfer of title.

**A COPY OF THIS LOG SHEET MUST BE MADE AND COMPLETED EACH TIME LEAD-BASED
PAINT SURFACES ARE MONITORED**

Property Address: _____ City/Town: _____

Name of Monitor: _____ Date: _____

ROOM/AREA	COMPONENT (Window, Door, etc.)	INDICATE "INTACT" OR "DEFECTIVE"	COMMENTS/CORRECTIVE ACTION
LIVING ROOM			
KITCHEN			
DINING ROOM			
HALLWAY 1			
OTHER: _____			

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PAINT SURFACES ARE MONITORED**

Property Address: _____ City/Town: _____

Monitor: _____ Date: _____

ROOM/AREA	COMPONENT (Window, Door, etc.)	INDICATE "INTACT" OR "DEFECTIVE"	COMMENTS/CORRECTIVE ACTION
BEDROOM 1			
BEDROOM 2			
BEDROOM 3			
BATHROOM			
OTHER: _____			

