



Inspector/Risk Assessor

Lead-Based Paint Activity Quarterly Report



Year _____

- April – June Due July 10th
 July – Sept. Due Oct 10th
 Oct. – Dec. Due Jan 10th
 Jan. – Mar. Due April 10th

Note: Select only one report period. A separate, signed report is required for each person

- No LBP Activity performed this quarter

Note: Choose a report quarter at the left; sign and date at the bottom

Date/Property	Location Type (Choose one)	Activity	Methodology	LBP Results		
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Exterior LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Dust Lead Hazard Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Soil LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activity Date: _____ Date Built: _____ City: _____	<input type="checkbox"/> Target Housing: Single Family Dwelling <input type="checkbox"/> Target Housing: Multi-Unit Dwelling (# of Units: _____) <input type="checkbox"/> Child Occupied Facility <input type="checkbox"/> Other	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Evaluation <input type="checkbox"/> Clearance Testing Pass/Fail	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	Interior LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Exterior LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Dust Lead Hazard Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Soil LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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				Exterior LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Dust Lead Hazard Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Soil LBP Found	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I affirm this form truly reflects all LBP activities performed during the indicated time period by the undersigned certified LBP contractor.

Name: _____
(Please Print Clearly)

Date: _____

Signature: _____

Certification # _____
(Please Print Clearly)

Please Return To:
Cherokee Nation
Environmental Programs
P.O. Box 948
Tahlequah, OK 74465

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