



ACCELERATED RISK MANAGEMENT, LLC

**LEADSAFETY for Remodeling, Repair and Painting**  
**Non-Certified Lead Renovation Worker Hands-On Skills Assessment**

Date: \_\_\_\_\_ Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Skill Set	Skill Description	Student has demonstrated proficiency at the following skills consistent with the requirements of the EPA RRP Rule.	Trainer's Initials
#1	Setting up Barriers, Signs, and Flapped Entry Doors	Placing critical barriers and posting signs to isolate work area from access by unauthorized individuals.	
#2	Cover or Remove Furniture	Identifying the proper steps in determining when and how to cover or remove furniture and belongings from the work area.	
#3	Establish Interior Containment	Using the proper steps to cover floors and close and seal doors and windows in the work area.	
#4	Establish Exterior Containment	Taking proper steps to restrict entry to the exterior work area and to protect the ground under and around the work area from becoming contaminated.	
#5	Personal Protective Equipment	Using dust reduction techniques while performing common renovation, repair, and painting work activities.	
#6	Interior Final Cleaning	Cleaning the interior work area after the completion of work and prior to the visual inspection and cleaning verification procedure or dust clearance examination.	
#7	Exterior Final Cleaning	Cleaning the exterior work area after the completion of the work and prior to visual inspection and (if required) cleaning verification or dust clearance examination.	
#8	Bagging Waste	Taking steps to bag and gooseneck waste, wrap large pieces debris, and to carry them out of the work area.	
#9	Visual Inspection **	Conducting a visual inspection of the work area prior to the cleaning verification procedure. (Performed by the Certified Renovator)	
#10	Cleaning Verification Procedure **	Conducting cleaning verification procedure. (Performed by the Certified Renovator)	

I am a Certified Lead Renovator and am responsible for training the above non-certified worker in lead-safe practices. The training was completed on the date and location described above. I verify that the student has demonstrated the skills as described above.

Trainer Name: \_\_\_\_\_ Trainer Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_