



# Arkansas Department of Health

## Lead-Based Paint Program

4815 West Markham Street, Mail Slot 32 • Little Rock, Arkansas 72205-3867 • Telephone (501) 671-1472

### Quarterly Report

Year: _____		<input type="checkbox"/> January-March	<input type="checkbox"/> April-June	<input type="checkbox"/> July-September	<input type="checkbox"/> October-December	<input type="checkbox"/> No LBP Activity this quarter	
Activity	Date/Property	Location Type*	Method	Inspection/RA Results		RA Guidance	
<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Lead Hazard Screen <input type="checkbox"/> Clearance Testing <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date: _____ Address: _____ City, Zip: _____	<input type="checkbox"/> THS <input type="checkbox"/> THM Units: _____ <input type="checkbox"/> COF <input type="checkbox"/> O: _____	<input type="checkbox"/> Paint Chip Samples <input type="checkbox"/> Dust Wipes <input type="checkbox"/> Soil Samples <input type="checkbox"/> XRF	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	<input type="checkbox"/> Abatement <input type="checkbox"/> Interim Control <input type="checkbox"/> No Action		
<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Lead Hazard Screen <input type="checkbox"/> Clearance Testing <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date: _____ Address: _____ City, Zip: _____	<input type="checkbox"/> THS <input type="checkbox"/> THM Units: _____ <input type="checkbox"/> COF <input type="checkbox"/> O: _____	<input type="checkbox"/> Paint Chip Samples <input type="checkbox"/> Dust Wipes <input type="checkbox"/> Soil Samples <input type="checkbox"/> XRF	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	<input type="checkbox"/> Abatement <input type="checkbox"/> Interim Control <input type="checkbox"/> No Action		
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\*THS = Target Housing: Single Family Dwelling; THM = Target Housing: Multi-Unit Dwelling; COF = Child Occupied Facility; O = Other

I, \_\_\_\_\_, affirm this form reflects all LBP activities performed during the indicated time period by the undersigned certificate holder and the direction of the below mentioned state licensed firm.

Signature

Date

Certificate Number

Licensed Firm