

M2 - REMEDIATION AND CLEARANCE SUMMARY

This form must be completed by a State of Michigan licensed lead professional and submitted to the City of Detroit's Buildings, Safety, Engineering, and Environmental Department, Property Maintenance Division.

Include the following reports: Lead Based Paint Inspection, Lead Based Paint Risk Assessment; Lead Activity Declaration; and all related laboratory results must be submitted to complete reporting requirements.

Property Address: _____

City: _____ Detroit _____ State: _____ MI _____ Zip: _____ 482 _____

Type of Lead Based Paint (LBP) Hazard Control Option Used (check one):

Interim Abatement Both Interim and Abatement Complete Removal of LBP

If a soil hazard was identified, which type of control was implemented: Interim Abatement

Were all Potential Lead Based Paint Hazards, if any, abated? Yes No

LEAD BASED PAINT AND/OR SOIL REMEDIATION PERFORMED BY:

1. Print Name: _____

Signature: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ License Number: _____

2. Print Name: _____

Signature: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ License Number: _____ Email: _____

Note: If containment is used, it must remain in place throughout the clearance process.

Date Clearance Performed: _____ (**Attach and number each clearance performed**)

Visual Inspection Passed: Yes No Scope of Work Completed: Yes No

Containment Used: Yes No Number of Interior Rooms Inspected: _____

State of Michigan Lead Hazard Control, R 325.99407 Clearance Procedures must be followed.

Clearance Results: Passed Failed (Always include blank(s) with test results)

The undersigned hereby acknowledges that the information provided herein is complete, accurate, and true. The undersigned also accepts full and irrevocable responsibility for the validity of the information provided and regulatory liability for failure to comply with any and all Federal, State, and local Requirements.

Clearance Performed By: _____ License Number: _____

Signature: _____ Date: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Complete and attach additional copies of this form, as needed, for complete reporting.

