

Lead Inspection/ Surface Assessment Form

DEPARTMENT OF PUBLIC HEALTH
AND CODE ENFORCEMENT

Inspector/Lead # 25 MEADE STREET
WORCESTER, MASS. 01610

License # C2613

Page 1 of 10

Method Used:
 Na₂S expiration date 12-22-99
 X-Ray Fluorescence
 Model _____ Serial # _____

PARENT _____
 OWNER _____
 VICTIM _____
 OTHER Section 8

Address 17 FIFTH AVE Apt. # 001 City WORCESTER, MA

Child's Name (Last, First, Init.) _____ Birthdate (M/D/Y) _____ Sex

Parent/ Guardian's Last Name _____ Parent/ Guardian's First Name _____

Single Family
 Multi-Family
 Number of Units 3

Owner's Name: Peter Piascic
 Owner's Address: 65 Park H. H Ave
Millbury MA 01527

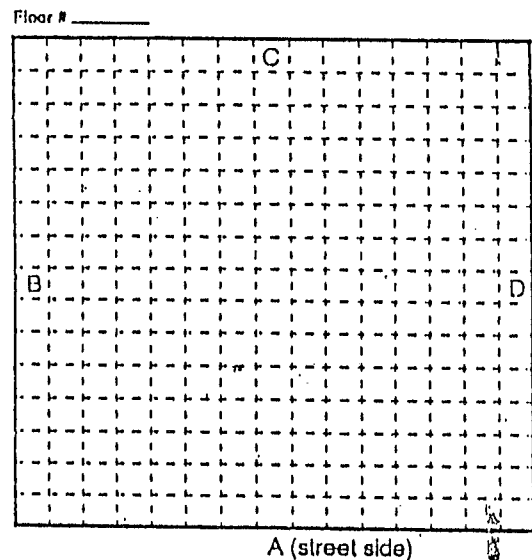
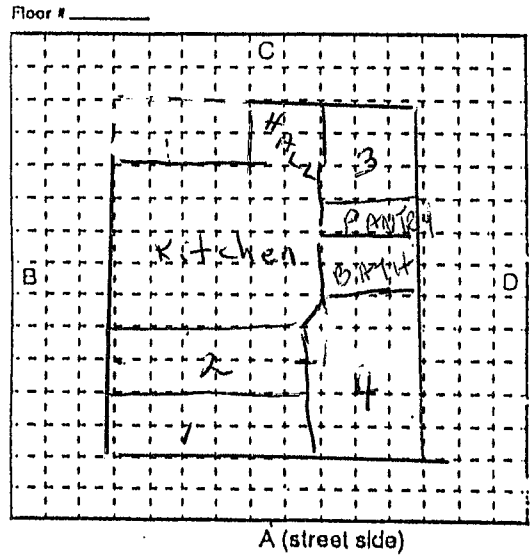
KEY:

CAP	capped
COV	covered
DIP	dipped
ENC	encapsulated
MI	made intact
NA	not accessible
NEG	negative
POS	positive
PRE	prepared
REM	removed
REP	replacement
REV	reversed
SCR	scraped to bare substrate

Remarks/ Calibration:
No violations

Scales: (scores of 0 or 1 pass, scores of 2 fail):

Surface/Subsurface	Do no paint/ all paint intact	1= <10% paint not intact	2= 10% paint not intact
Substrate	Do intact	1= <10% needs repair	2= 10% needs repair
Initial Face Test	Do no paint removed	1= <1/16" paint removed	2= 1/16" paint removed
X-Cut Face Test	Do no paint removed	1= <1/16" paint removed	2= 1/16" paint removed



Pb (lead) more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.

INSP. DATE
113099

Lead Hazards?
 (Y or N) N
Karen O'Leary
 Inspector

REINSP. DATE

1. in compliance
 2. work in progress
 3. reoccupancy
 4. failed

REINSP. DATE

1. in compliance
 2. work in progress
 3. reoccupancy
 4. failed

REINSP. DATE

1. in compliance
 2. work in progress
 3. reoccupancy
 4. failed

REINSP. DATE

1. in compliance
 2. work in progress
 3. reoccupancy
 4. failed

Full Compliance Date

Inspector _____

Did you complete a surface assessment for encapsulation? Y or N _____

Address of Inspection: 17 Fitch Ave Apt # 1 City WORCESTER, MA

PANTRY

SIDE	LOCATION/ SURFACE	LEAD	L	OWR ABT?	DLR SRF PREP?	SUR/ SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	CON/CON											
	Baseboards/Chair rail	neg											
B	Door	neg											
	Door casing/Jamb	neg neg											
	Door	neg neg											
	Door casing/Jamb												
D	Window sill	neg											
	Win casing/Apron	neg neg											
	Win header/Stops	neg CON											
	Win sash/Mullions	neg neg											
	Ext sill/Part bead	CON neg											
	Ext side sash	neg											
	Up cab frame/Door	neg											
	Up cabinets walls												
	Up cab shivs/Supp												
	Up cab frame/Door												
	Up cabinets walls												
	Up cab shivs/Supp												
	Up cab frame/Door												
	Up cabinets walls												
	Up cab shivs/Supp												
	Low cab frame/Door												
	Low cabinets walls												
	Low cab shivs/Supp												
	Low cab frame/Door												
	Low cabinets walls												
	Low cab shivs/Supp												
	Low cab frame/Door												
	Low cabinets walls												
	Low cab shivs/Supp												
	Closet walls												
	CI interior door												
	CI casing/Jamb												
	CI baseboards/Floor												
	CI shelf/Supports												
	Shelves												
	Drawers												
	Radiator												
	Floor/Threshold	CON											
	Ceiling/Closet ceiling	neg											

Karen Skilberg
 SIGNATURE

LICENSE # C 2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave

Apt # 1

City WORCESTER, MA

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	L	OWR AD1?	DLR SIF PREP?	SURV SUBSUR	SUBST COXD	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	neg	neg										
	Baseboards/Chair rail	neg	neg										
C	Door	neg											
	Door casing/Jamb	neg	neg										
D	Door	neg											
	Door casing/Jamb	neg	neg										
Apt	Door	neg											
	Door casing/Jamb	neg	neg										
D	Door	neg											
	Door casing/Jamb	neg	neg										
B	Window sill	neg											
	Win casing/Apron	neg	neg										
	Win header/Slops	neg	neg										
	Win sash/Mullions	neg	neg										
	Ext sill/Part bead	neg	neg										
	Ext side sash	neg											
	Window sill												
	Win casing/Apron												
	Win header/Slops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Up cab frame/Door												
	Up cabinets walls												
	Up cab shvs/Supp												
	Low cab frame/Door												
	Low cabinets walls												
	Low cab shvs/Supp												
B	Closet walls	neg											
	Cl interior door	neg											
	Cl casing/Jamb	neg	neg										
	Cl baseboards/Floor	neg	neg										
	Cl shell/Supports	neg	neg										
Shelves													
Drawers													
Radiator													
Floor/Threshold													
Ceiling/Closet ceiling													

Karina Skuberg
 SIGNATURE

LICENSE # C 2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave Apt # 1 City WORCESTER, MA

BATHROOM

SIDE	LOCATION/ SURFACE	LEAD		L	OWR ABT?	DLR SRF PREP?	SUIV SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
		neg	neg											
	Up walls/Low walls	neg												
	Baseboards/Chair rail	neg												
B	Door	neg												
	Door casing/Jamb	neg	neg											
	Door													
	Door casing/Jamb													
D	Window sill	/									Above 5ft.			
	Win casing/Apron	neg	/											
	Win header/Stops	neg	neg											
	Win sash/Mullions	neg	/											
	Ext sill/Part bead	/	/											
	Ext side sash	/												
	Window sill													
	Win casing/Apron													
	Win header/Stops													
	Win sash/Mullions													
	Ext sill/Part bead													
	Ext side sash													
	Up cab frame/Door													
	Up cabinets walls													
	Up cab shivs/Supp													
C	Low cab frame/Door	neg												
	Low cabinets walls	neg												
	Low cab shivs/Supp	neg	neg											
	Closet walls													
	CI interior door													
	CI casing/Jamb													
	CI baseboards/Floor													
	CI shell/Supports													
	Shelves													
	Drawers													
	Radiator													
	Floor/Threshold	cov.												
	Ceiling/Closet ceiling	light												

Karen Struberg
 SIGNATURE

LICENSE # C 2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave Apt # 1 City WORCESTER, MA

ROOM 1

SIDE	LOCATION/ SURFACE	LEAD	L	OWR ABT?	DLR SRF PREP?	SUR/ SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	COV COV											
	Baseboards/Chair rail	neg											
D	Door	neg											
	Door casing/Jamb	neg neg											
C	Door	neg neg											
	Door casing/Jamb	neg neg											
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
A 1-2	Window sill	neg											
	Win casing/Apron	neg neg											
	Win header/Stops	neg neg											
	Win sash/Mullions	COV neg											
	Ext sill/Part bead	COV neg											
	Ext side sash	neg											
B	Window sill	neg											
	Win casing/Apron	neg neg											
	Win header/Stops	neg neg											
	Win sash/Mullions	neg neg											
	Ext sill/Part bead	COV neg											
	Ext side sash	neg											
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Closet walls												
	Cl interior door												
	Cl casing/Jamb												
	Cl baseboards/Floor												
	Cl shelf/Supports												
	Radiator												
	Floor/Threshold	neg											
	Ceiling/Closet ceiling	Tight											

Karen DeVilbiss
 SIGNATURE

LICENSE # C2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave Apt # 1

City WORCESTER, MA

ROOM 2

SIDE	LOCATION/ SURFACE	LEAD	L	OWR ABT?	DLR SRF PREP?	SUR/ SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	COV	COV										
	Baseboards/Chair rail												
A	Door	/											
	Door casing/Jamb	neg	neg										
C	Door	neg	neg										
	Door casing/Jamb	neg	neg										
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
B 1-2	Window sill	neg											
	Win casing/Apron	neg	neg										
	Win header/Stops	neg	neg										
	Win sash/Mullions	neg	neg										
	Ext sill/Part bead	COV	neg										
	Ext side sash	neg											
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
C	Closet walls	neg											
	Cl interior door	neg								CABINET			
	Cl casing/Jamb	neg	neg										
	Cl baseboards/Floor	/	/										
	Cl shelf/Supports	neg	neg										
Radiator													
Floor/Threshold	COV												
Ceiling/Closet ceiling	Tight												

Karen Druberg
 SIGNATURE

LICENSE # C2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave Apt # 1 City WORCESTER, MA

ROOM 3

SIDE	LOCATION/ SURFACE	LEAD	L	OWR ABT7	DLR SRF PREP?	SUR/ SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	COV COV											
	Baseboards/Chair rail	neg											
C	Door	neg											
	Door casing/Jamb	neg neg											
A	Door	neg											
	Door casing/Jamb	neg neg											
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
D 1-2	Window sill	neg											
	Win casing/Apron	neg neg											
	Win header/Stops	neg COV											
	Win sash/Mullions	COV neg											
	Ext sill/Part bead	COV neg											
	Ext side sash	neg											
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
A 1-2	Closet walls	neg											
	CI interior door	neg											
	CI casing/Jamb	neg neg											
	CI baseboards/Floor	neg neg											
	CI shell/Supports	neg neg											
	Radiator												
	Floor/Threshold	neg											
	Ceiling/Closet ceiling	Tight											

Karen Stenberg
 SIGNATURE

LICENSE # C2613

DATE 11-30-99

Address of Inspection: 17 Fifth Ave Apt # 1 City WORCESTER, MA

ROOM 4

SIDE	LOCATION/ SURFACE	LEAD	L	OWR ABT?	DLR SRF PREP?	SUR/ SUBSUR	SUBST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAC DATE	DELEAD METHOD
	Up walls/Low walls	COV COV											
	Baseboards/Chair rail	neg											
B	Door	neg											
	Door casing/Jamb	neg neg											
C	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
D 1-2	Window sill	neg											
	Win casing/Apron	neg neg											
	Win header/Stops	neg neg											
	Win sash/Mullions	COV neg											
	Ext sill/Part bead	COV											
	Ext side sash	neg											
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
C	Closet walls	neg											
	Cl interior door	neg											
	Cl casing/Jamb	neg neg											
	Cl baseboards/Floor	neg neg											
	Cl shelf/Supports	neg neg											
	Radiator												
	Floor/Threshold	neg											
	Ceiling/Closet ceiling	Tight Tight											

Karen Stalberg

LICENSE # C2613

DATE 11-30-99

Address of Inspection: 171 Fifth Ave Apt # 1 City WORCESTER, MA

LLWAY

IDE	LOCATION V SURFACE	LEAD	L	OWNER ADRS	DLR SNF PREP?	SUV SU/SUR	BUST COND	INITIAL TAPE	X-CUT TEST	COMMENTS	SUIT for ENCAP?	DELEAD DATE	DELEAD METHOD
	Up walls/Low walls	neg neg											
	Baseboards/Chair rail												
A	Door	neg											
	Door casing/Jamb	neg neg											
	Door	neg											
	Door casing/Jamb	neg neg											
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
	Door												
	Door casing/Jamb												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Window sill												
	Win casing/Apron												
	Win header/Stops												
	Win sash/Mullions												
	Ext sill/Part bead												
	Ext side sash												
	Closet walls												
	CI interior door												
	CI casing/Jamb												
	CI baseboards/Floor												
	CI shell/Supports												
D	Closet walls	COV											
	CI interior door												
	CI casing/Jamb												
	CI baseboards/Floor												
	CI shell/Supports												
	Radiator												
	Floor/Threshold	COV											
	Ceiling/Closet ceiling												

Signature: *Thomas Drisking*
 SIGNATURE

LICENSE # C 2613

DATE 11-30-99

DEPARTMENT OF PUBLIC HEALTH
AND CODE ENFORCEMENT

LEAD INSPECTION/
SURFACE ASSESSMENT FORM

Page 10 of 10

25 MEADE STREET
WORCESTER, MASS. 01610

Address of Inspection: 17 E. 4th Ave Apt # 1 City WORCESTER, MA

EXTERIOR

SIDE	LOCATION/ SURFACE	LEAD	L	CWR ADT?	DLR SIF PREP?	COMMENTS	DELEAD DATE	DELEAD METHOD
A, B, C, D	Siding	COV						
	Cornerboards							
	Lower trim							
	Upper trim							
	Door							
	Door casing/Jamb							
	Threshold							
	Door							
	Door casing/Jamb							
	Threshold							
	Door							
	Door casing/Jamb							
Threshold								
B, 5	Window sill	COV						
	Window casing	COV				White		
	Win sash/Mullions	COV	COV					
A, 3	Window sill	COV						
	Window casing	COV						
	Win sash/Mullions	COV	COV					
D, 6	Window sill	COV						
	Window casing	COV						
	Win sash/Mullions	COV	COV					
	Window sill							
	Window casing							
	Win sash/Mullions							
D, 1, 2, 3	Cellar win units	COV						
	Cellar win units	COV						
	Cellar win units							
	Cellar win units							
	Foundation							
	Bulkhead							
	Fences							

Barbara Drabey

LICENSE # 02413

DATE 11-30-99