



VERMONT HOUSING AND CONSERVATION BOARD
LEAD-BASED PAINT HAZARD REDUCTION PROGRAM

Visual Clearance Inspection

Property Address: _____ Unit # _____

Property Owner: _____

Lead Contractor: _____ Permit #: _____

Name of Inspector: _____ Cert. #: _____

Reference Specifications Dated: _____ Date of Visual Inspection: _____
Time: _____

UNIT PASSED VISUAL CLEARANCE

Notes : _____

UNIT FAILED VISUAL CLEARANCE (details below)

Room	Wall	Component	Spec #	Problem
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Inspector's Signature: _____ Date: _____

As the owner of the property listed above, I have visually inspected the work done *to date* by the lead contractor and agree that it has been completed according to the specifications and to my satisfaction.

Owner's Signature: _____ Date: _____