



Department of Health
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Providence, RI 02908-5097
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Lead Hazard Mitigation Program

Affidavit of Completion of Visual Inspection

Instructions: Please complete all items one through eight before submitting the affidavit.

1. Premises* Meeting Lead Hazard Mitigation Compliance:

Address _____ Apartment/Floor/Unit# _____

City _____ State _____ ZIP code _____

Certificate of Lead Conformance # _____

You must include a copy of the Certificate of Lead Conformance with this application.

*Premises defined per the Lead Poisoning Prevention regulations (216-RICR-50-15-3) as a platted lot or part thereof, unplatted lot or parcel of land, or plot of land, occupied by a dwelling or structure and includes any building, accessory structure, or other structure thereon and includes soil.

2. Property Owner's Information:

Name _____ Telephone _____

Email _____

Address _____ Apartment/Floor/Unit# _____

City _____ State _____ ZIP code _____

3. Occupancy and Inspection Details:

Occupancy Status:

At-risk occupant(s) Vacant Occupied: non-risk occupants(s)

Individual Who Conducted the Visual Inspection:

Owner of premises Designated Person Licensed Lead Inspector

4. Inspection Date (MM/DD/YYYY): _____

5. Describe Lead Hazard Mitigation* measures taken:

*Lead hazard mitigation defined as spot removal or minor repair and maintenance activities performed to correct lead hazards and/or maintain lead-safe compliance by an Owner or Designated Person who completed an approved lead hazard awareness seminar.

6. Affidavit of Visual Inspection:

A Certificate of Lead Conformance is valid for two years or until the next turnover of the dwelling unit, whichever period is shorter. If the tenancy is two years or more, the Owner or Designated Person may conduct a visual inspection to determine that lead hazard mitigation compliance was maintained. An Affidavit of Completion of Visual Inspection must be completed and notarized within 30 days of the Visual Inspection. The notarized Affidavit of Completion of Visual Inspection is valid for two years or until unit turnover, whichever period is shorter.

A visual inspection must be performed, and an Affidavit of Completion of Visual Inspection completed every two years until the next unit turnover. The Certificate of Lead Conformance and any Affidavits of Completion of Visual Inspection must be kept by the Owner for a minimum of five years. Within 30 days of the next turnover of the premises specified above, the Owner is required to have an independent lead hazard mitigation clearance inspection by a licensed Lead Inspector to obtain a Certificate of Lead Conformance.

I certify that I conducted the visual inspection of the premises specified above in accordance with RI Gen. Laws § 42-128.1-4(7)(ii) and determined that the premises met the lead hazard mitigation standards established by § 42-128.1-4(6).

Printed Name

Signature

Title

Date

7. Notary Public Acknowledgements:

Note: A Notary Public must fill out this section.

I, _____ do hereby oath depose and say that:

Print Name

_____ subscribed and sworn by me in _____,
Signature City or Municipality

Rhode Island on the _____ day of _____, 20_____

_____ My Commission expires on: _____

Notary Public Signature, Title

8. After completing items one through seven, please send this form with copies (not the original) of the following required documents. Check each box to indicate the document is included with the application.

- Evidence of lead hazard awareness education
- Certificate of Lead Conformance
- Any previous Affidavits of Completion of Visual Inspection

Please scan the documents and e-mail them to doh.leadprogram@health.ri.gov or mail to: Rhode Island Department of Health; Lead Hazard Mitigation Program; 3 Capitol Hill, Room 206; Providence, RI 02908