



## Inspector/Risk Assessor Lead-Based Paint Activity Quarterly Report

<input type="checkbox"/> Qtr 2 Apr-June	20__	<input type="checkbox"/> Qtr 3 July-Sep	20__
(Due Jul 10 <sup>th</sup> )		(Due Oct 10 <sup>th</sup> )	
<input type="checkbox"/> Qtr 4 Oct-Dec	20__	<input type="checkbox"/> Qtr 1 Jan-March	20__
(Due Jan 10 <sup>th</sup> )		(Due April 10 <sup>th</sup> )	

No Lead-Based Paint activity performed this quarter.  
*Note: Choose a report quarter. A separate report required for each quarter.*

Inspector/Risk Assessor Name:		Certification Number:		Date:	
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Date/Property	Location Type (choose one)	Activity (choose one)	Methodology	LBP Results
Activity Date: <input style="width: 80%;" type="text"/> Date Built (do not use unknown): <input style="width: 80%;" type="text"/> Physical Address: <input style="width: 95%;" type="text"/> City/Zip: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> Target Housing, Single-Family <input type="checkbox"/> Target Housing, Multi-Family (# of Units) <input style="width: 40%;" type="text"/> <input type="checkbox"/> Child-Occupied Facility (# of Units) <input style="width: 40%;" type="text"/> <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> Inspection <input type="checkbox"/> Inspection and Risk Assessment <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Clearance Testing: <input type="checkbox"/> Pass/ <input type="checkbox"/> Fail <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	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 <input type="checkbox"/> N/A - Inspection Only Soil Lead Hazard found: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Inspection Only

Date/Property	Location Type (choose one)	Activity (choose one)	Methodology	LBP Results
Activity Date: <input style="width: 80%;" type="text"/> Date Built (do not use unknown): <input style="width: 80%;" type="text"/> Physical Address: <input style="width: 95%;" type="text"/> City/Zip: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> Target Housing Single Family Dwelling <input type="checkbox"/> Target Housing Multi-Unit Dwelling (# of Units) <input style="width: 40%;" type="text"/> <input type="checkbox"/> Child-Occupied Facility (# of Units) <input style="width: 40%;" type="text"/> <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> Inspection <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Hazard Screen <input type="checkbox"/> Clearance Testing: <input type="checkbox"/> Pass/ <input type="checkbox"/> Fail <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	<input type="checkbox"/> XRF <input type="checkbox"/> Chip Sampling <input type="checkbox"/> Dust Sampling <input type="checkbox"/> Soil Sampling	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 <input type="checkbox"/> N/A - Inspection Only Soil Lead Hazard found: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Inspection Only

Please e-mail to [LBPReporting@deq.ok.gov](mailto:LBPReporting@deq.ok.gov) or mail to Department of Environmental Quality, Attn: LBP Staff, PO Box 1677, Oklahoma City, OK 73101-1677