SUPERVISOR'S STATEMENT OF WORK (SSW)

Inspection Certificate No. (to be completed by inspector)

Code of Maryland Regulations (COMAR) 26.16.02.03 states certification of a Visual Inspection shall not be issued without this statement signed by an accredited supervisor stating that all the lead hazard reduction treatments were performed, or still in effect, in accordance with the statute and applicable regulations. The lead supervisor/contractor is to create **two originally signed** Supervisor's Statement of Work forms. Those forms are to be given to the property owner to forward to the lead inspector. The inspector is to keep one and attach one of the statements to Form B or Form D for submittal to Maryland Department of the Environment.

Beginning on	and ending		, the following lead hazard reduction			
Date: MM/D	D/20YY	Date: MM	//DD/20YY			
treatments were performed or still	in effect at					
•	Stre	et Address	Unit	City	Zip Code	County

in accordance with the law (Environmental Article 6-819) and the regulatory requirements

of COMAR 26.16.05.08 and 26.16.01.11:

The supervisor should check all boxes in the columns below that apply as it relates to each treatment.

Treatment Type	Supervised the performance of this treatment.	Verified that the treatment is still in effect.
Removed and repainted any chipping, peeling or flaking paint on interior and exterior surfaces.		
Repaired any structural defects that could cause paint to chip, peel or flake.		
Repainted, replaced or encapsulated all interior window sills where lead based paint or untested paint exists per COMAR 26.16.05.08		
All untested window wells where lead based paint or untested paint exists are capped, with vinyl, aluminum, or other MDE approved material, in order to make them smooth and cleanable.		
Fixed the top sash of untreated or non-replacement windows to eliminate friction. (Subject to Federal, State and Local Codes.)		
Re-hung all doors to prevent the rubbing together of a lead-painted surface with another surface.		
All kitchen and bathroom floors are overlaid with smooth, water resistant covering.		
The unit is free of visible dust, debris or residue; and HEPA-vacuuming and detergent washing have been done in rooms where repairs were made.		

Accredited Residential, Commercial, and Public Building Contractor's Name (*print*)

Accreditation No. and Accreditation Expiration Date

Accredited Supervisor's Name (print)

Accreditation No. and Accreditation Expiration Date

Accredited Supervisor's Signature and Date (original signature on all copies)

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