

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

Land Management Administration • Lead Poisoning Prevention Compliance & Accreditation Division  
 1800 Washington Blvd. • Suite 630 • Baltimore Maryland 21230  
 (410) 537-3825 • 1-800-633-6101 x3825 • [www.mde.state.md.us](http://www.mde.state.md.us)

**FORM C- DUST INSPECTION  
 VISUAL REVIEW / DUST SAMPLE COLLECTION & ANALYSIS**

The lead paint inspection contractor/inspector is to submit a copy of the Lead Paint Risk Reduction Inspection Certificate (Form 330), with this Form C which includes the diagram; a copy of the lab results to Maryland Department of the Environment and the property owner WITHIN 10 CALENDAR DAYS following the inspection. This form must be fully completed and accurate or the Inspection Certificate may be invalidated. (EA 6-8, COMAR 26.16.02 and 26.16.05)

MDE Tracking No.:	Date of Inspection: / /	Inspection Certificate No.:
-------------------	----------------------------	-----------------------------

Address of Property Inspected:				
Street Address:	Unit No.:	City:	Zip Code:	County/City:

Date of Lab Report: / /	Date Lab Report was Received by Inspector: / /
----------------------------	---

**PART I – VISUAL REVIEW**

Visually review all interior and exterior painted surfaces of unit for chipping, peeling, or flaking paint. If chipping, peeling, or flaking paint is found, corrections must be made before dust samples may be collected. Exterior corrections may be delayed if interior paint condition is satisfactory and an Exterior Waiver is approved.

	INTERIOR	EXTERIOR
<b>Is Condition of Paint Satisfactory?</b> <i>(circle one in each column)</i>	Yes / No	Yes / No

<b>Is an Exterior Waiver being used?</b> <i>(circle one)</i>	Yes / No
--	----------

If Yes, this Certificate expires on: **04 / 30 / \_\_\_\_\_**. The property must pass re-inspection no later than **this date** or this inspection certificate will no longer be valid. Name of the approving agency or official for the Exterior Waiver: \_\_\_\_\_ . Form D with the Supervisor’s Statement of Work form must be submitted to MDE and the property owner by the lead inspector.

**PART II – DIAGRAM**

On a separate sheet of paper, provide a diagram of the unit. The diagram is to include: the full site address, street(s) adjacent to the outside entry with the street name(s), location of the unit within a multi-unit property if applicable, window and doorway locations, assigned room numbers, and locations of where dust samples were taken. Show each room within the unit and number each. Your numbering system on your diagram is to match Part III of this form. Note locations of windows with a “W” and sampling locations with an “X”. Attach the diagram to this form.

**PART III – DUST COLLECTION & ANALYSIS**

After collection of samples in a room, enter the total number of samples that were taken in that room. Attach additional copies of page 2 of this form if there are more rooms than can be accommodated on the back of this form. The “Meets Standard” column requires circling a Yes or No. **Under Maryland law, the Lead Risk Reduction Standard for dust is: floors <40; window sills <250; window wells <400 µg/ft<sup>2</sup>.** A copy of the Laboratory Analysis Report must be attached to this form. The Result column, below, is for results/concentration of lead in **micrograms per square foot (µg/ft<sup>2</sup>)**, not Total Lead (µg).



**FORM C, PART III Continued**

**Inspection Certificate No.:**

Is this a retest of failed room(s)? <i>(circle one)</i>	Yes / No
---	----------

Page No.:

	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* Field Blank			

\*Field blank samples are required to be collected per the American Society for Testing and Materials (ASTM) International Standard E 1728 as of May 19, 2008. Field blanks only have to be collected at a minimum frequency of 5 % (or 1 for every 20 field wipe samples collected). Therefore, completion or not of the Field Blank box may vary.

ROOM NO.:		<b>Number of <u>NON-Lead Free</u> windows in room:</b>	<b>Number of <u>Lead Free</u> windows in room:</b>	<b>Total number of windows in room:</b>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room:				

ROOM NO.:		<b>Number of <u>NON-Lead Free</u> windows in room:</b>	<b>Number of <u>Lead Free</u> windows in room:</b>	<b>Total number of windows in room:</b>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room:				

ROOM NO.:		<b>Number of <u>NON-Lead Free</u> windows in room:</b>	<b>Number of <u>Lead Free</u> windows in room:</b>	<b>Total number of windows in room:</b>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room:				

ROOM NO.:		<b>Number of <u>NON-Lead Free</u> windows in room:</b>	<b>Number of <u>Lead Free</u> windows in room:</b>	<b>Total number of windows in room:</b>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room:				

ROOM NO.:		<b>Number of <u>NON-Lead Free</u> windows in room:</b>	<b>Number of <u>Lead Free</u> windows in room:</b>	<b>Total number of windows in room:</b>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room:				

Accredited Inspector's Name:	Inspector's Accreditation No.:	Date of Inspection:
------------------------------	--------------------------------	---------------------

