

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

FORM D – RE-INSPECTION

THIS FORM AMENDS THE REFERENCED INSPECTION CERTIFICATE (Form 330)

This form is only to be complete if this Re-Inspection has passed. Do **NOT** Submit a new Inspection Certificate.

MDE Tracking No. _____/_____/_____
Date of Inspection (mm/dd/yyyy) Inspection Certificate No.
(as noted on Inspection Certificate)

Street Address of Site Unit City County Zip Code

Check **ONE** of the boxes below:

EXTERIOR WAIVER - This re-inspection was performed to clear the waiver for exterior components noted in the original inspection to meet lead hazard reduction requirements.

In accordance with COMAR 26.16.02.03, the supervisor responsible for lead hazard reduction treatments must provide the Supervisor’s Statement of Work form that states that the required treatments were performed in accordance with the law and applicable regulations. Attach the signed Supervisor’s Statement of Work regarding treatments that were performed to correct exterior defects.

Supervisor’s Accreditation No. _____ Date of Statement ____/____/____

LIMITED LEAD FREE CERTIFICATION - This re-inspection was performed following a required inspection for Limited Lead Free certification, as indicated on the original certificate. This re-inspection confirms that there currently is no chipping, peeling or flaking exterior paint. Attach the signed Supervisor’s Statement of Work if defective paint was corrected.

Recertification is required by the following date ____/____/____

Supervisor’s Accreditation No. _____ Date of Statement ____/____/____

TEST FOR LEAD DUST - This re-inspection was performed to retest rooms which failed to meet the lead dust standards under COMAR 26.16.02.03B or COMAR 26.16.02.04B. Attach Form C and laboratory results.

I certify that on ____/____/____ at ____:____ a.m./p.m., I re-inspected the property/unit listed on the inspection certificate referenced above. I further certify that the property/unit has satisfactorily passed my examination under the relevant provisions of Environment Article, Title 6, Subtitle 8, Annotated Code of Maryland.

Accredited Inspection Contractor’s Name (*print*)

Accreditation No. and Accreditation Expiration Date

Accredited Inspector’s Name (*print*)

Accreditation No. and Accreditation Expiration Date

Accredited Inspector’s Signature and Date (mm/dd/yyyy)

