



COLORADO HOUSING ASSISTANCE CORPORATION
670 SANTA FE DRIVE, DENVER, CO 80204
PHONE: 303 572-9445 FAX: 303 573-9214
www.coloradohousingassistance.org

Visual Inspection of Painted Surfaces

Company: _____ Address: _____

Client: _____

Property Address: _____

Room(s)

____ Not Damaged – free of cracking, scaling, peeling, chipping and loose paint or adequately treated and covered to prevent exposure to lead based paint.

____ Damaged – describe the type and location of damage: _____

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Date of Inspection: _____

Signature of Certified Inspector (please attach certification)

Specific Repair Instructions:

(Paint must be stabilized using safe work practices according to OSHA regulations)

Certification may be obtained at

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>