



Department of Health  
Three Capitol Hill  
Providence, RI 02908-5097  
TTY: 711  
[www.health.ri.gov](http://www.health.ri.gov)

## Lead Hazard Mitigation Program

### Affidavit of Completion of Visual Inspection

**Instructions:** Please complete all items one through eight before submitting the affidavit.

#### 1. Premises\* Meeting Lead Hazard Mitigation Compliance:

Address \_\_\_\_\_ Apartment/Floor/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Certificate of Lead Conformance # \_\_\_\_\_

*You must include a copy of the Certificate of Lead Conformance with this application.*

\*Premises defined per the Lead Poisoning Prevention regulations (216-RICR-50-15-3) as a platted lot or part thereof, unplatted lot or parcel of land, or plot of land, occupied by a dwelling or structure and includes any building, accessory structure, or other structure thereon and includes soil.

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#### 2. Property Owner's Information:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Floor/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

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#### 3. Occupancy and Inspection Details:

Occupancy Status:

At-risk occupant(s)       Vacant       Occupied: non-risk occupants(s)

Individual Who Conducted the Visual Inspection:

Owner of premises       Designated Person       Licensed Lead Inspector

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4. Inspection Date (MM/DD/YYYY): \_\_\_\_\_

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**5. Describe Lead Hazard Mitigation\* measures taken:**

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\*Lead hazard mitigation defined as spot removal or minor repair and maintenance activities performed to correct lead hazards and/or maintain lead-safe compliance by an Owner or Designated Person who completed an approved lead hazard awareness seminar.

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**6. Affidavit of Visual Inspection:**

I \_\_\_\_\_, hereby acknowledge that I am aware that this affidavit is valid for two years or until the next turnover of the dwelling unit, whichever period is shorter. I certify that I conducted the visual inspection of the premises specified above in accordance with RI Gen. Laws § 42-128.1-4(7)(ii) and determined that the premises met the lead hazard mitigation standards established by § 42-128.1-4(6). I attest that there has been no unit turnover in the past two years. I recognize that the Certificate of Lead Conformance and any Affidavits of Completion of Visual Inspection must be kept for a minimum of five years.

I agree that within 30 days of the next turnover of the premises specified above, I am required to have an independent lead hazard mitigation clearance inspection by a licensed Lead Inspector to obtain a Certificate of Lead Conformance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**7. Notary Public Acknowledgements:**

*Note: A Notary Public must fill out this section.*

I, \_\_\_\_\_ do hereby oath depose and say that:

Print Name

\_\_\_\_\_ subscribed and sworn by me in \_\_\_\_\_,  
Signature City or Municipality

Rhode Island on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ My Commission expires on: \_\_\_\_\_

Notary Public Signature, Title

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**8. After completing items one through seven, please send this form with copies (not the original) of the following required documents. Check each box to indicate the document is included with the application.**

- Evidence of lead hazard awareness education
- Certificate of Lead Conformance
- Any previous Affidavits of Completion of Visual Inspection

Please scan the documents and e-mail them to [doh.leadprogram@health.ri.gov](mailto:doh.leadprogram@health.ri.gov) or mail to: Rhode Island Department of Health; Lead Hazard Mitigation Program; 3 Capitol Hill, Room 206; Providence, RI 02908

**THIS INFORMATION IS NOT FOR PUBLIC RECORD**

**Tenant Information:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Floor/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_