MARYLAND DEPARTMENT OF THE ENVIRONMENT					
LEAD PAINT RISK REDUCTION INSPECTION CERTIFICATE NO					
MDE TRACKING NO. MDE PROPERTY NO.			OWNER NAME		
Street Address Unit No. City County Zip Code					
Street Address	Unit No.	Cit		County Zip Code	
The Maryland accredited lead inspector must mark an inspection category 1, 2, 3, or 4 and mark the appropriate inspection method. Only ONE category and method are to be marked. The following attachments are required if applicable: Lead Free, Form E; Dust Inspection. Form C; or Visual Inspection, Form B and Supervisor's Statement of Work Form. Certificates issued pursuant to a waiver for exterior work will be invalid unless the exterior is re-inspected within 30 days after the expiration date. The Inspection Certificate No. shall be referenced on all forms submitted.					
INSPECTION CATEGORIES					
1. Lead Free	2. Full Risk Reduction		3. Modified Risk Reduction	4. Lead Safe (Qualified Offers on This inspection category expires 24 months from the date inspected.	Įy)
Methods	Methods		Methods	Methods	
A. One Time Only (interior & exterior) OR B. Limited (interior only) Re-certification of exterior required by/_/	A. Dust Inspection OR D. Dust Inspection w/ Exterior Waiver Expiration Date 04/01/ OR E. Dust Inspection w/ Lead Free Exterior	B. Visual Inspection OR C. Visual Inspection w/ Exterior Waiver Expiration Date 04/01/ OR F. Visual Inspection w/ Lead Free Exterior	B. Visual Inspection OR C. Visual Inspection w/ Exterior Waiver Expiration Date 04/01/ OR D. Visual Inspection w/ Lead Free Exterior	D. Dust Inspection & Visual Inspection OR C. Dust Inspection w/ Lead Free Exter OR D. Dust Inspection & Visual Inspection w/ Lead Free Exterior AND Verification that windows are lead-free or been treated so friction surfaces are lead free	ior n have
PASSED Based on the findings of the attached inspection report(s), I certify that the property/unit meets the certification criteria at this time. (circle property or unit as appropriate) FAILED Based on the findings of the attached inspection report(s), the property/unit fails to meet certification criteria at this time. (circle property or unit as appropriate) I certify that I inspected the above listed property/unit on					
Inspector's Name Inspector's Signature Accreditation No. Expiration Date Inspection Company Accreditation No. Expiration Date					
Inspector's Name Inspector	S Digitature Accr	E.	Aprilation 17 ato. Hispootion Company	TROTOGRAMON TWO.	