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 Agency of Human Services
 Department of Health
 Environmental Health

Essential Maintenance Practices Compliance Check Form

Facility/Site Location Name:	Physical Address (No P.O. Box):	Physical City:	State VT	Zip Code:
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General/Abatement Contractor Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Owner/Agent Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Inspector/Consultant Name:	Mailing Address:	Mailing City:	State	Zip Code:
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Office Telephone # or Cell phone #:	Fax #:	Email Address:
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Reason for Compliance Check: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up (Last Inspection Date: _____) <input type="checkbox"/> Random Check <input type="checkbox"/> For-Cause <input type="checkbox"/> Tip or Complaint <input type="checkbox"/> Other _____	Number of Units Inspected:	Total Number of Units at Property:
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Type of Property: <input type="checkbox"/> Daycare <input type="checkbox"/> Rental <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Public Building <input type="checkbox"/> Other _____	Inspection Type and Date Built: <input type="checkbox"/> Lead <input type="checkbox"/> _____ <input type="checkbox"/> Asbestos (year built)	Conducting Inspection: <input type="checkbox"/> Health Officer <input type="checkbox"/> Other <input type="checkbox"/> VDH Staff _____
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Vermont Essential Maintenance Practices

• 'Prevent Lead Poisoning' poster posted <input type="checkbox"/> Yes: <input type="checkbox"/> Common Area(s) <input type="checkbox"/> Each Apartment <input type="checkbox"/> No	• Window well inserts in all wooden windows <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable: Windows are <input type="checkbox"/> vinyl <input type="checkbox"/> metal or <input type="checkbox"/> other <input type="checkbox"/> No: Windows without inserts, location(s): _____
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• Surfaces and fixtures free of deteriorated paint (Take photos and document facts on a separate page, if needed) <input type="checkbox"/> Yes, greater than 1 ft ² of deteriorated paint on an: _____ <input type="checkbox"/> No <input type="checkbox"/> Interior surface, Location(s): _____ <input type="checkbox"/> Exterior surface, Location(s): _____

• EPA 'Protect Your Family From Lead' pamphlet given to tenants <input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Tenant Reports that he/she did not receive pamphlet <input type="checkbox"/> Tenant unavailable <input type="checkbox"/> Unknown

• Evidence of Prohibited Practices <input type="checkbox"/> Yes (check all that apply – take photos and document facts on a separate page) <input type="checkbox"/> No <input type="checkbox"/> Burning <input type="checkbox"/> Water Blasting <input type="checkbox"/> Dry Scraping <input type="checkbox"/> Power Sanding <input type="checkbox"/> Sandblasting <input type="checkbox"/> Other: _____

State Certification and Federal Disclosure

• Tenant notification in lease <input type="checkbox"/> Yes <input type="checkbox"/> No	• Notification of renovation <input type="checkbox"/> Yes (see above for contractor information) <input type="checkbox"/> No	• EMP Name:	• EMP #:
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Overall Findings and Required Corrections (see photos and additional pages with findings and corrective actions)

Required Compliance Date: _____	Follow-up Check Date Set: _____
Referred to Other State Agency/Department or Other Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Signature: _____ Date: _____	Inspector Signature: _____ Date: _____
Owner Signature: _____ Date: _____	THO/VDH Signature: _____ Date: _____