

[Insert Company Name]

[Insert Date of Clearance Examination]

[Insert Client's Full Name]

[Mailing Address]

[City, State Zip Code]

Subject: Clearance Examination – [Insert full address/location of where clearance was conducted. If there is a lead permit associated, include the permit number, e.g. 1200 First Street, NE Washington, DC 20002 (LPXX-XXXX)]

Dear [Insert Client name]:

On [Insert date of clearance examination], [Insert name of clearance examiner's name], a D.C. certified [pick one: Risk Assessor, Inspector or Dust sampling Technician] [insert D.C. certification number, e.g. (DC16-XXX)] performed a clearance examination at [Insert the full address of the clearance examination]. [Choose: This clearance was conducted in response to DOEE Administrative Order No. _____ OR According to the owner, this property is not subject to any DOEE Administrative Orders].

Visual assessment: [all components were intact and no dust/debris was visible on surfaces OR surfaces were not intact and evidence of dust/debris was observed].

Sampling: [Insert number of samples] were collected. [None of the dust or soil samples were above the District's clearance thresholds for lead contaminated dust and/or soil OR Dust and/or soil samples collected from the property (insert location) were above the District's clearance threshold for lead-contaminated dust and/or soil] OR Soil sampling was not conducted due to [Insert reason(s) why].

[If the initial clearance failed and there was/were retesting, add additional paragraphs as follows:]

On [Insert date of retest clearance examination], a visual assessment was performed on failed painted surfaces and dust and/or soil samples were collected from areas that failed the initial clearance on [Insert date of initial clearance examination]. The visual assessment indicated [choose: painted surfaces inspected were intact and no evidence of dust and debris existed at the time of the visual assessment OR surfaces were deteriorated and dust and debris was observed]. [Choose: All dust and/or soil samples collected were below the District's clearance thresholds for lead-contaminated dust and/or soil OR Dust and/or soil samples collected exceeded the District's clearance threshold for lead-contaminated dust and/or soil.]

[Repeat this until the property passes.]

Conclusion

Based on a visual assessment of all work areas and painted surfaces at the property, dust wipe sampling [and soil sampling (include if soil samples were collected)], in the residential rental unit or area where the lead-based paint hazard reduction work occurred [meets OR did not meet (use only if no retest is requested by client)] the requirements of the District's clearance standards.

DISTRICT'S THRESHOLDS

- Floors $10\mu\text{g}/\text{ft}^2$
- Windowsills $100\mu\text{g}/\text{ft}^2$
- Window wells $100\mu\text{g}/\text{ft}^2$
- Bare soil 400ppm
- Exterior concrete or other rough exterior surfaces $800\mu\text{g}/\text{ft}^2$

RECOMMENDATIONS

[Add any recommendations, e.g. Ongoing monitoring, occupant safety, etc.]

If you have any questions or additional information is required, please contact [insert Clearance Examiner Name] at [insert contact number] and/or by email at [insert [email address](#)].

Sincerely,

[Insert Name of Clearance Examiner]

[Insert D.C. certification number]

Attachments:

- DOEE Documents Issued (if required by applicable clearance protocol, see 20 DCMR §§ 3310, 3314, 3315, 3316, 3318, and 3319)
- Supervisor's Work Plan/Scope of Work (if required by clearance protocol)
- Photographs with Captions
- Environmental Samples and Chain of Custody (if required by clearance protocol)
- Floor Plan/Site Map (if required by clearance protocol)
- Copy of Current DOEE issued certification card (if required by clearance protocol)
- Accredited lab information (if required by clearance protocol)