



**Solicitation Information
March 22, 2013**

RFP#7461358

TITLE: Comprehensive Environmental Lead Inspections

Submission Deadline: Tuesday, April 23, 2013 @ 10:00 AM (EST)

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than Wednesday, April 3, 2013 @ 10:00 AM (EST). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration / Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity, Healthy Homes and Environment Team is soliciting proposals from certified environmental lead inspector to conduct comprehensive environmental lead inspections.

The Scope of Work is described in Section 3 of this RFP. Funding for this project is available through a HEALTH appropriation based on federal funding within the Division of Community, Family Health & Equity. The State seeks to identify one vendor who will provide the services outlined in this Request for Proposals (RFP) to the Department of Health. The Department will enter into a contract with the same vendor for these services. However, the State reserves the right to award contracts to multiple vendors in the event that it is in the State's best interest to do so.

The initial project period is expected to begin July 1, 2013 and continue through June 30, 2014. The project may be renewed for four additional 12-month periods at the exclusive option of the State based upon agency performance and the availability of funding. Proposals will be evaluated on the basis of the relative merits of the proposal in addition to an appropriate and realistic budget.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.

9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov

SECTION 2: BACKGROUND

The RI Healthy Homes and Lead Poison Prevention Program (HLPPP) of the Rhode Island Department of Health, is following the certification standards issued in early 1998 to identify vendors to provide **comprehensive environmental lead inspections**. All inspections must be authorized by the HLPPP and must be performed in accordance with the RI Rules and Regulations for Lead Poisoning Prevention in order to receive payment.

This document contains revised certification standards and is open to all certified lead inspectors who may be interested in submitting an application and meet the requirements as detailed in this document. We encourage everyone to thoroughly review every section of this document before submitting an application.

The Contract period is expected to begin July 1, 2013 and continue through June 30, 2014. The project may be renewed for four additional 12-month periods at the exclusive option of the State based upon agency performance and the availability of funding. Proposals will be evaluated on the basis of the relative merits of the proposal in addition to an appropriate and realistic budget.

The number of comprehensive environmental lead inspections is estimated to be up to 75 per year. There is no guaranteed minimum amount of Inspections per year. The amount available for this RFP is not to exceed \$50,625 per year. Up to six (6) contracts may be awarded under this RFP.

SECTION 3: SCOPE OF WORK

Interested vendors must be able to:

| | Details |
|------------------------------|--|
| Type of Inspection | Full comprehensive environmental lead inspection in accordance with R23-24.6-PB as amended |
| Rate | \$675.00 (fully loaded) |
| Areas to cover | Interior of one living unit including all interior common areas, exterior, garages, fences, and all other outdoor structures within the lot. The Inspector is required to collect; water, dust and soil ¹ samples |
| Laboratory analysis | For residences, a minimum ² of 5 soil, 1 water, 6 dust wipes (5 samples and 1 field blank) in the dwelling unit plus a sufficient number of dust wipes in the common areas to meet the requirements of 4.2(e)(2)(ii) as well as paint chips where field results demonstrate paint is damaged and field testing is inconclusive. |
| Information gathering | Identify the owner’s name (include names of all current owners) of the inspected property, the year of construction, and plat/lot number using city or town records. Also provide the source of the information. |
| | Obtain from the parent or guardian the name, address and phone number of the person(s) who own and/or manage the property and/or collect rent from the parents or guardian (this information is not acceptable for identification of owner) |
| | Complete Healthy Housing checklist to identify other safety hazards and submit it to HLPPP via Survey Monkey, if requested by HLPPP. |
| Inspection results | Be available to respond to questions from the owner, owner’s agent(s), attorney or other interested parties about the lead hazards identified should legal testimony from the inspector be required. |

PROCEDURES

| | Details |
|-----------------------------|---|
| Reports due to HLPPP | Within 5 days of the receipt of laboratory sample results via Lead Inspection Reporting System (LIRS). If a child had been hospitalized a visual report is due within 24 hours. |
| Billing | An inspector must bill HLPPP via LIRS for each inspection completed. The bill must include a copy of the referral, an invoice number, the Case ID, the full address of the inspection and company name. |
| Payments | Payments will be processed bi-weekly. Payments are typically issued 6-8 weeks following processing. |
| Report review/errors | Reports with clerical or technical errors or omissions identified through review of reports will be returned for correction and will not be processed for payment until fully corrected. All corrections must be completed within 5 days. Repeated technical errors or omissions may be the basis for DOH action on program participation or state certification or both. |

¹ If a soil sample is unobtainable at the time of the inspection due to weather, the soil samples will be collected at a later date by the Inspector as soon as weather permits. The inspector must submit a new inspection report containing the sample results to HLPPP via LIRS

² If less than the minimum number of samples are collected an explanation is required in the comments section pending approval by HLPPP

SCHEDULING PROCESS

| | Details |
|--|--|
| Identification of sites to be inspected | Based on a variety of criteria, HLPPP will determine the units to be inspected. |
| Process | HLPPP proceeds to make the necessary contacts and prepares the referral form via the LIRS for the inspector. |
| | The inspector contacts the family, by phone or home visit, to make an appointment to conduct the inspection. |
| Additional assistance | In cases of inspections for a significantly lead poisoned child, the inspection referral form will include a contact, which maybe a Certified Lead Center. If a Lead Center is involved, they encourage families to accept the inspection and can provide additional assistance to inspectors to make appointments or to gain access for the inspection. This assistance will include meeting with the family and calling the inspector, and possibly arranging for interpretation services. |

REPORT SUBMISSION

| | Details |
|---|---|
| Report submission to RI CLPPP | Inspection reports must be electronically submitted to HLPPP via the Lead Inspection Reporting System (LIRS). |
| Report Submission to Occupants | The Inspector must provide a copy of the approved Inspection Report to the occupants of the dwelling unit inspected: via certified mail, return receipt requested or in person in accordance with 8.1(b)(3) |
| Report Submission to the Lead Center | The Inspector must provide a copy of the approved Inspection Report to the Lead Center and childcare facility: via regular mail, electronic submission or in person |

QUALITY ASSURANCE

| | Details |
|---|--|
| Technical Review and Quality Control | Each inspector maintains ultimate professional responsibility for the inspection. Inspectors must complete and sign the "Inspection Report Review Form", included in Appendix # 4 for each inspection. This is a tool to assist in the process of quality control. HLPPP will review all of the inspections for clerical and technical errors or omissions. The HLPPP will also conduct quality control of inspections during all Clearance Inspections. HLPPP also reserves the right to conduct announced and unannounced Field Audits of all DOH initiated inspections. |

LABORATORY SAMPLES FOR INCONCLUSIVE XRF RESULTS

- Field use of both XRF and sodium rhodizonate are encouraged to minimize the need for laboratory analyses of paint chip samples. No further testing is necessary on surfaces that are "positive" by XRF or sodium rhodizonate spot testing.
- Damage/Touch-up vs Spot Removal: If a surface would need no preparation to repair the paint, this is considered 'damaged/touch up' (DT) and **does not** require a paint chip sample.. **Spot removal** relates only to interior rooms/areas where the surface area from which paint is to be disturbed is < 6 ft². or < 20 ft² on the exterior. A paint chip sample must be taken of damaged paint even if it's < 6 ft².of interior paint or < 20 ft² of exterior paint. If preparation is needed, a sample must be taken.

- Enclosures, such as vinyl siding and linoleum, which do not have a surface coating (i.e. paint or varnish) and where there is lead beneath the enclosure or it is unknown whether there is lead beneath the enclosure: The RII CLPPP has determined that these areas should be considered lead-safe, due to potential exposure during future renovation or due to damage of the enclosure. Inspectors should clearly describe in their inspection reports the conditions observed in these cases.

APPROVED LIST

Approximately six (6) individuals certified as Lead Inspectors will be selected for the provision of up to 75 total comprehensive lead inspections each year and will be included on the list of approved certified inspectors. In order to be included and remain on the list of approved certified inspectors, a RI Certified Lead Inspector must maintain the requirements in the table below. In addition, they must receive a minimum score of 70 in order to be selected. (See Application Scoring Methodology).

| | Details |
|---|---|
| Licensing | Maintain current certification as a RI Environmental Lead Inspector. |
| Errors and Omissions insurance | Maintain Errors and Omissions professional liability insurance, and submit proof of such insurance on an annual basis. Copies of the insurance should be sent to RI HLPPP c/o Michelle Almeida, 3 Capitol Hill, Providence, RI, 02908, Room 206. |
| Equipment | Own or lease at least one x-ray fluorescence analyzer (XRF) for the inspections. XRFs must be used in compliance with radiation licensing regulations of the Department of Health. |
| Confidentiality | Complete and sign the Confidentiality form (appendix 2). |
| Unavailability | Notify HLPPP of periods of unavailability within 5 business days when planned, and ASAP when due to sickness or other unforeseen circumstance. |
| Report progress | Contact each family referred within 3 business days from when the referral was sent to you via email. Report scheduled inspection date/time via LIRS, no later than 5 business days from the referral. |
| Unscheduled and/or not completed inspections | If an inspection is not scheduled within one calendar week of referral or is not completed due to safety reasons, notify HLPPP via LIRS, as soon as possible. Addresses without a scheduled inspection date or report of scheduling problem within one calendar week of referral will be reassigned to another inspector, with an email notice to the original inspector ³ . |
| Inspection Report Notifications | Send one copy of the EBL Inspection Report Summary Checklist to the parties indicated in the Inspection Referral form, including the lead center working with the family. Inspection reports must be accurate, complete, and approved by HLPPP prior to being sent. |
| Educational materials | Deliver a package of educational materials to other units in the dwelling inspected ⁴ . |

11. REMOVAL FROM APPROVED LIST

If any combination of the following occurs more than 2 times in a 2- month period, an inspector will be removed from the 'Approved' List.

³ Payment will not be made for the original referral if the inspection is reassigned in this way.

⁴ Packets of educational materials for parents are available by contacting Tammie.Smith@health.ri.gov.

- Inspection report submitted to the HLPPP or health care provider (if applicable) more than 2 weeks after inspection,
- Submission of an incomplete inspection report or a report with errors and omissions;
- Failure to return a call or page by HLPPP or its subcontractors in a timely manner during business hours to schedule an inspection for a significantly lead poisoned child;
- No report to the HLPPP of scheduled inspection date and time within one calendar week of referral;
- Failure to submit all required forms to HLPPP;
- Failure to make necessary corrections to inspection reports within 5 business days.

If any of the following occurs once, an inspector will be immediately removed from the 'Approved' List:

- Failure to comply with confidential information agreement;
- Failure to submit any report within 4 weeks of the inspection date.
- Failure to fully complete and/or correct any inspection report within 4 weeks of the inspection date;
- Loss of certification as a RI Environmental Lead Inspector;
- Failure to maintain Errors and Omission professional liability insurance;
- Loss of access to or use of at least one x-ray fluorescence analyzer, with a valid radiation license; and/or
- Inaccessibility to program lasting more than 2 business days, not reported in advance for planned absence or as soon as possible for unforeseen circumstances.

Those inspectors removed from the approved list can request to be re-included no sooner than 6 months after they were removed from the approved list and must demonstrate satisfactory resolution to the issue that resulted in their removal.

SECTION 4: ELIGIBILITY AND CERTIFICATION

Applicants eligible to apply include individuals who are currently certified by the RI Department of Health as Environmental Lead Inspectors. In the case of companies that have more than one certified lead inspector on staff, they must complete a separate Agreement for each one of those inspectors on staff, in order to be approved.

To be considered an applicant, individuals must submit:

- a. The Agreement included in Appendix A, Agreement to be on the Approved List of Lead Inspectors, with additional documentation to evidence the answers to the questions included in the Agreement, and, Appendix B, Contact Information
- b. The signed confidentiality form included in Appendix C, and,
- c. Evidence of their current Errors and Omissions Insurance.
- d. Proof of ownership of XRF Instrument
- e. Proof of working relationship with a laboratory for analysis of environmental samples needed for the lead inspections.

SECTION 5: TECHNICAL REVIEW

Applicants will be technically evaluated on the following criteria also listed in section 7:

1. Staff Qualifications –
 - A. Work Experience- Indicate years of experience or if applicant is currently certified in RI as Master Lead Inspector (Master Lead Inspector certification will receive maximum score).
 - B. Prior Work Experience- Inspectors previously certified as a vendor to conduct comprehensive environmental lead inspections to the homes of significantly lead poisoned children and/or licensed day care centers may received higher scored based upon past performance.
2. Capability, Capacity, and Qualifications of the Offeror –
 - A. Currently has the capacity and history of submitting inspection reports HLPPP will be evaluated
 - B. Proof of ownership of XRF instrument
 - C. Proof of working relationship with a laboratory for analysis of environmental samples needed for the lead inspections
 - D. Proof of Current Errors and Omissions Insurance

3. Work plan –
 - A. Please describe in detail, the framework within information related to the property owners’ names, plat/lot, and year of construction will be obtained from the cities/towns
 - B. Please describe in detail which language(s) the applicant and or staff are fluent in.

SECTION 6: COST STRUCTURE

The Department of Health set the fully loaded rate of \$675.00 per inspection.

SECTION 7: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The Technical Proposal must receive a minimum of 70 (70%) out of a maximum of 100 technical points. Any technical proposals scoring less than 70 points will be dropped from further consideration.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria

| | Item | Possible Points |
|---|--|------------------------|
| Staff Qualifications: A. Experience | Indicate years of experience or if applicant is currently certified in RI as Master Lead Inspector (Master Lead Inspector certification will receive maximum score) | 5 |
| Staff Qualifications: B. Prior Experience | Previously certified as a vendor to conduct comprehensive environmental lead inspections to the homes of significantly lead poisoned children and/or licensed day care centers | 20 |
| Capability, Capacity, and Qualifications A. | Currently has the capacity and history of submitting inspection reports HLPPP | 25 |
| Capability, Capacity, and Qualifications B. | Proof of ownership of XRF instrument | 10 |
| Capability, Capacity, and Qualifications C. | Proof of working relationship with a laboratory for analysis of environmental samples needed for the lead inspections | 10 |
| Capability, Capacity, and Qualifications D. | Proof of Current Errors and Omissions Insurance | 5 |
| Work plan A. | Has experience and relationships with the cities/towns to obtain information related to the property owners’ names, plat/lot, and year of construction. | 15 |
| Work plan B. | Inspector or individual working within there company is Bi-Lingual | 10 |
| Total Possible Points | | 100 |

The State may, at its sole option, elect to require presentation(s) by vendors clearly in consideration for award. Proposals found to be technically and substantively non-responsive at any point in the evaluation process will be rejected and not considered further.

The Review Committee will present written findings, including the results of evaluations, to the State Purchasing Agent, or her designee, who will make the final selection for contract award.

SECTION 8: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7461358** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7461358 Comprehensive Environmental Lead Inspections**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases

RESPONSE CONTENTS

Responses should include the following:

- 1 A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 2 A completed and signed W-9 (include only one signed copy in the original proposal) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- 3 **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices) . As appropriate, resumes of key staff that will provide services covered by this request.

- 4 In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".
- 5 IDENTIFICATION. Inspector(s), full address, and other locations (if more than one location). Make sure the FEIN (federal employer identification number) is included as well. Also include electronic mail from the contact that can respond to specific questions about the proposal if needed.
- 6 CERTIFICATIONS. Copies of certifications as indicated in the Eligibility and Certification portion of this document.
FORMS.
 - The Agreement included in Appendix A Agreement to be on the Approved List of Lead Inspectors, with additional documentation to evidence the answers to the questions included in the Agreement, and, Appendix B, Contact Information.
 - The signed confidentiality form included in Appendix C, and
 - Evidence of their current Errors and Omissions Insurance.
 - Proof of ownership of XRF Instrument
 - Proof of working relationship with a laboratory for analysis of environmental samples needed for the lead inspections.
- 7 NARRATIVE / OTHER. Make sure to include details of:
Ability to meet the scope of services and requirements of this RFP Billing methodology. Include sample of an invoice.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award

APPENDIX A



Rhode Island Department of Health

AGREEMENT TO BE ON THE APPROVED LIST OF LEAD INSPECTORS

I have fully read the Certification Standards to provide comprehensive lead inspections and I would like to be included on the ‘approved’ list to provide lead inspections as defined in the Rules and Regulations for Lead Poisoning Prevention, [R23-24.6-PB].

If approved to provide these services, I agree to comply with ALL the terms specified in the Certification Standards, including the requirement to electronically submit lead inspection reports, submit completed Healthy Housing checklist and attend any meetings/sessions as required by the Department of Health for purposes of performing the inspections. I also understand that I will be removed from the ‘approved’ list if I fail to comply with the requirements of these Standards.

Please respond to the following questions and submit evidence of each item to which you responded with “yes”

| | | |
|--|-----|----|
| Number of years of experience as a Certified Lead Inspector | | |
| Currently certified in RI as Master Lead Inspector | Yes | No |
| Previously certified as a vendor to conduct comprehensive environmental lead inspections to the homes of significantly lead poisoned children and/or licensed day care centers | Yes | No |
| Agree to submit inspections reports electronically to HLPPP | Yes | No |
| Past history of using the Lead Inspection Report System (LIRS) | | |
| Already has and can provide proof of ownership/access to XRF instrument | Yes | No |
| Has already established working relationship with a laboratory for analysis of environmental samples needed for the lead inspections | Yes | No |
| Has experience and relationships with the cities/towns to obtain information related to the property owners’ names, plat/lot, and year of construction. | Yes | No |
| Evidence of their current Errors and Omissions Insurance. | Yes | No |
| Are you or another Inspector within you Company Bi-lingual? If yes please list Languages spoken. | Yes | No |

APPENDIX B CONTACT INFORMATION

List in order of preference the method we can contact you to notify you of inspections:

- ___ Inspector Name: _____
- ___ Fax: (_____) _____ - _____
- ___ Pager (_____) _____ - _____
- ___ Cell Phone (_____) _____ - _____
- ___ Office Phone: (_____) _____ - _____
- ___ Electronic mail: _____ **(Required)**

Name: _____ Certification #: _____

Firm Name, full address, website _____

Signed: _____ Date _____

APPENDIX C Confidentiality Form

DEPARTMENT OF HEALTH
CONFIDENTIAL INFORMATION AGREEMENT

Environmental Lead Inspection Program - Private Lead Inspectors

I recognize a person's basic right to privacy and confidentiality of personal information, and the extension of the right to recorded information in which a person is identified individually.

I understand that "confidential records" are the records as defined in Section 38-2-2(d)(1)-(23) of the RI General Laws, entitled "Access to Public Records" and described in "Access to Department of Health Records."

I agree not to disclose information from confidential records to any unauthorized person or persons.

I agree to consult with the Department of Health prior to disclosure if there is any question concerning the authority to release specific confidential information.

I understand that unauthorized disclosure of information from confidential records may be punishable, upon conviction, by a fine and/or imprisonment or both, and/or civil penalties as prescribed by law as well as sanctions and/or disciplinary action.

I have been instructed by the Department of Health and have read the documents entitled "Access to Department of Health Records" and "Department of Health Confidentiality Policy." Furthermore, I understand and agree to abide by the Department of Health Confidentiality Policy.

I understand that I am authorized to have access to the following records which are confidential:

- the results of the lead inspection, including the inspection report and laboratory results.

I further state that I have been provided with a personal copy of this Agreement.

Lead Inspector Signature

Date

Lead Inspector Name

Company Name

APPENDIX D

Inspection Report and LIRS Review Form

| | | | |
|--------------------|--|------------------|--|
| Date | | Case ID | |
| Reviewed By | | Inspector | |
| Address | | | |

Inspection Report

| Question | Response | Comments |
|---|----------|----------|
| Are all pages to the report numbered properly? | Y / N | |
| Are all pages initialed and dated where required? | Y / N | |
| Do room numbers correspond with description? | Y / N | |
| Do all interior rooms on map have a corresponding room sheet? | Y / N | |
| Page 1: | | |
| * Address Information Complete? | Y / N | |
| * Owner Information Complete? | Y / N | |
| * Inspector Information Complete? | Y / N | |
| * Inspection Information Complete? | Y / N | |
| Page 2: | | |
| Spot Removal Exemption Complete? | Y / N | |
| Page 3: | | |
| Water Page Complete (i.e. Lab Utilized, Sampling Date) | Y / N | |
| GREATER THAN 15 ppb?) | Y / N | |
| Page 4: | | |
| Calibration Data (XRF info., readings, ending cal.) | Y / N | |
| Page 5: Maps – both interior & exterior | | |

| | | |
|---|-------|--|
| Apartment #/floor, Street, Rooms Numbered Properly (Is info. Completed and consistent with report) | Y / N | |
| Page 6: Interior Room Sheets | | |
| Is the top portion of the page Complete? (i.e. street info., lab utilized, door counts, window count) | | |
| Were samples (paint chip) taken where required? | | |
| Were hazards assessed? | | |
| Do hazard assessments match samples results/readings? | | |
| Page 7: Exterior Paint | | |
| Is the top portion of the page Complete? (i.e. street info., lab utilized, door counts, basement window) | | |
| Were samples (paint chip) taken where required? | | |
| Were hazards assessed? | | |
| Do hazard assessments match samples results/readings? | | |
| Page 8: Soil | | |
| Is the top portion of the page complete? (i.e. street info., lab utilized, door counts, window count) | | |
| Are all sides of structure assessed? (exposed soil, ground cover, sample #, results) | | |
| Do lab results reported on laboratory correspondence match results Transcribed? | | |
| If percent lead is being reported – are conversions correct on report? | | |
| Do summary findings and recommendations match the information on the report? | | |

LIRS Inspection Review Form

| Question | Response | Comments |
|--|----------|----------|
| Correct Inspector Name | Y / N | |
| Correct Inspection Firm | Y / N | |
| Type of Inspection Correct | Y / N | |
| Date | Y / N | |
| Correct Reason for Inspection | Y / N | |
| Address Info Completed and Correct | Y / N | |
| Owner Info Completed and Correct | Y / N | |
| Media Tested Coincide with CELI Report | Y / N | |
| Certificates Uploaded if Needed | Y / N | |
| CELI Uploaded and Printed | Y / N | |
| Invoice Uploaded and Printed | Y / N | |
| Exterior and Interior Assessment Coincide with CELI Report | Y / N | |
| Lab Results Coincide with CELI Report | Y / N | |
| Inspection Report Approved | Y / N | |
| Report Approval for Payment | Y / N | |

APPENDIX E: Access to Department of Health Records Policy

See the [Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health at http://www.sec.state.ri.us/rules/index.php?page=details&erlid=2945](http://www.sec.state.ri.us/rules/index.php?page=details&erlid=2945).