

**Lead Remediation and Abatement Program
Monitor Visit Report**

Name of Agency: _____

Agency Address: _____

Date of Visit: _____

Total Units Goal: _____

Minimum Units per Month: _____

Total Units Completed: _____

Number of Units Pending HESWAP Update: _____

Units Assigned to Contractor: _____

Units Pending Contractor Assignment: _____

Units Pending LIRA: _____

Applications Pending Adjudication in CRM: _____

Outreach Activities Since Last Visit: _____

Number of Applicants: _____

Monitoring Activities Done:

☐ Client File Inspections

_____ file reviews passed

_____ file reviews failed

Reasons for Failure: _____

☐ Field Inspections

_____ field inspections passed

_____ field inspections failed

Reasons for Failure: _____

☐ Fiscal Review

☐ Technical Assistance

Areas of Concern:

General Comments:

Agency Lead Program Manager or Designee Signature

Date

Agency Lead Program Manager or Designee:

DCA State Monitor Signature

Date

DCA State Monitor: