

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

Name of Agency: _____

Agency Address: _____

Staff Attending: _____

Date of Visit: _____

Purpose of Visit:

- | | |
|---|--|
| <input type="checkbox"/> Routine Monitoring | <input type="checkbox"/> Compliance Review |
| <input type="checkbox"/> Follow-up Visit | <input type="checkbox"/> Field Inspection |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Other: _____ |
-

Monitoring Activities Completed

Technical Assistance Provided:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Bidding Procedures | <input type="checkbox"/> DCA Policy | <input type="checkbox"/> CRM |
| <input type="checkbox"/> Field Protocols | <input type="checkbox"/> Contract Compliance | <input type="checkbox"/> HESWAP |
| <input type="checkbox"/> Outreach/Intake | <input type="checkbox"/> FSRs/Fiscal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Client Eligibility | <input type="checkbox"/> File Documentation | |

Client File Inspections

Number of files reviewed: _____

Issues Identified:

Field Inspections

Number of inspections for units completed: _____

Number of inspections for units in progress: _____

Issues Identified:

General Comments:

Areas of Concern:

Recommended Actions:

Risk Assessment: _____

Follow-up Required:

Follow-up Date: _____

Agency Lead Program Manager or Designee Signature

Date

Agency Lead Program Manager or Designee: _____

DCA State Monitor Signature

Date

DCA State Monitor: _____