



MARYLAND DEPARTMENT OF THE ENVIRONMENT
LEAD PAINT RISK REDUCTION REPORT

FORM F – INSPECTION UPDATE

To be used only to CORRECT information previously submitted. This form must ALWAYS reference the inspection certificate number and must contain an MDE owner number to be acceptable.

| | | | | | |
|------------------|--------------------------|-------|--------------------|-------------|------------------------|
| MDE OWNER # | Inspection Certificate # | / / | Date of Inspection | Inspector # | Case # (If Applicable) |
| Property Address | City | State | Zip | County | |

Check all areas to be corrected:

- | | |
|--|--|
| <input type="checkbox"/> The inspection company's accreditation number is incorrect/omitted on the inspection certificate. <input type="checkbox"/> The inspector's accreditation number is incorrect/omitted on the inspection certificate. <input type="checkbox"/> The inspection company's name was omitted/incorrect. <input type="checkbox"/> The inspector's signature was omitted. <input type="checkbox"/> Inspection category not checked / incorrect <input type="checkbox"/> Options A or B not checked / incorrect <input type="checkbox"/> Option B date not filled in / incorrect <input type="checkbox"/> Inspection method not checked / incorrect <input type="checkbox"/> Provisional expiration date omitted / incorrect | <input type="checkbox"/> Supervisor's statement not submitted. <input type="checkbox"/> Pass/Fail box not checked / incorrect <input type="checkbox"/> Inspection date and time omitted/incorrect. <input type="checkbox"/> Form B__C__E__ not submitted. <input type="checkbox"/> Inspection certificate number omitted/incorrect on Form B__C__E__. <input type="checkbox"/> Supervisor's accreditation number omitted/incorrect on Form B. <input type="checkbox"/> Name of official granting waiver was omitted. <input type="checkbox"/> Other _____ <div style="text-align: center; border-top: 1px solid black; width: 100%;">(use back of form if necessary)</div> |
|--|--|

List or describe the CORRECT information.

Use back of form if necessary.

I certify that the correction or additional information being submitted is accurate.

| | |
|-----------------------|-----------------------------|
| Inspector's Signature | Inspector's Accreditation # |
| Inspection Company | Company's Accreditation # |

