

POST-REMEDATION CLEARANCE PROTOCOL

Date: [Date]

Project Location:

[Property Address]

[City, State, Zip Code]

Remediation Contractor: [Contractor Name]

Lead Consultant/Inspector: [Name of Professional]

1. PURPOSE

The purpose of this protocol is to outline the inspection and testing procedures required to verify that the remediation of [Type of Contamination, e.g., Mold, Asbestos, Lead] has been successfully completed and that the area is safe for re-occupancy.

2. VISUAL INSPECTION

A thorough visual assessment will be conducted within the containment area to ensure:

- All specified impacted materials have been removed.
- The work area is free of visible dust, debris, and residue.
- No moisture intrusion issues remain (if applicable).

3. CLEANING VERIFICATION

The contractor must demonstrate that all surfaces have been cleaned using [Specify Method, e.g., HEPA vacuuming and damp wiping]. Verification will include:

- White glove/wipe test of horizontal surfaces.
- Inspection of negative air pressure equipment and filtration.

4. SAMPLING AND ANALYSIS

To confirm clearance, the following samples will be collected:

- **Air Samples:** [Number] samples to be analyzed for [Specific Pollutant].
- **Surface Samples:** [Number] swab/tape lift samples (if required).
- **Comparison:** Results will be compared against [Outdoor Control Samples/Established Safety Standards].

5. ACCEPTANCE CRITERIA

Clearance is achieved only if:

1. The visual inspection passes without deficiency.
2. Analytical results are below the maximum allowable limits set by [Regulation or Guideline Name].

3. Airborne concentrations inside the work zone are statistically similar to or lower than outdoor levels.

6. DOCUMENTATION

Upon successful completion of the above criteria, a formal "Post-Remediation Verification Certificate" will be issued. If the area fails any part of this protocol, further cleaning and re-testing will be required at the contractor's expense.

Authorized Signature: _____

Title: [Title]