Lead Compliance Assurance Report Field Oversight

December 01, 2024 - May 31, 2025

EH&S Lead Oversight Activity Summary December 01, 2024 – May 31, 2025

Introduction

As required by the HUD Agreement, the Environmental Health and Safety Department's ("EHS") Lead Oversight Team ("LOT") performs compliance assurance inspections of NYCHA personnel and vendors conducting Renovation, Repair, and Painting ("RRP") jobs, Lead Abatement, Dust Wipe Clearance activities, Visual Assessments and Risk Assessments to ensure they are in compliance with HUD's Lead Safe Housing Rule, EPA's RRP Rule, and NYCHA's Lead Safe Housing Standard Procedure. LOT also assesses property management's compliance with lead disclosure document requirements and inspects storerooms to monitor the management and inventory of RRP supplies.

When non-compliance is observed, the LOT follows the EHS *Corrective Action and Escalation Protocols*. Guidance is provided to workers when required, and the LOT ensures immediate corrective actions are implemented, i.e., stopping non-compliant activities, notifying supervisors, and making the necessary adjustments to bring the activity into compliance. Additionally, some deficiencies/violations are escalated to the Compliance Department for further action. During this reporting period EHS identified thirty-five (35) observations requiring escalation to the Compliance Department and/or Health Homes. Thirty-one (31) of these escalations were related to missing lead disclosure documents in either the management office's Lead Disclosure Document Binder or individual tenant folders. The escalation reports are attached as an appendix to this report.

Executive Summary

For the period of December 1, 2024, through May 31, 2025, LOT observed 1,445 lead-based paint evaluation, hazard control, and abatement activities occurring throughout NYCHA's portfolio (lead abatement, RRP, clearance examinations, visual assessment, and risk assessment jobs). In total, the team visited 186 unique developments to perform oversight of these jobs. LOT assessed lead disclosure document ("LDD") compliance and RRP supply management at 166 unique developments. During this reporting period 32.10% of the RRP jobs LOT observed were in units with a child under 6 ("CU6"), 27.62% of clearance jobs observed were in a unit flagged as CU6, while 21.89% of observed lead abatement jobs were in these units. As a result of LOT's oversight, 2 abatement jobs and 2 post-RRP dust wipe job were observed with deficiencies which were escalated to the Healthy Homes Department and Compliance. Thirty-one developments failed both their initial lead disclosure document inspections and subsequent reinspection. These failures were escalated to the Compliance Department for further review and action.

The overall LDD compliance rate for this period was 50.54%, however this lower compliance rate is a result of recent enhancements to the process which has modified the compliance rate calculation. In prior reporting periods there was a separation between the tenant folder compliance rate and the assessment of the development level documents maintained within the respective binders. With recent enhancements both the tenant folder review and binder review have been combined to assess one overarching compliance rate as

both are important elements of the LDD requirements. When the two areas are evaluated individually there is an increase in the compliance rate for the Development Binders (61.19% in the last 6-month certification to the current 74.31%). The Tenant Folder compliance rate remained consistent at 63.44% this period compared to 63.93% from the prior 6-month certification report.

During this reporting period EHS observed a decrease in the compliance rate for storeroom RRP supplies from 90.43% in the last 6-month certification report to this period's 83.57%. The supplies that were most frequently missing from storerooms were the "Renovate Right" Guide pamphlets, and RRP signage. In April 2025 the LOT storeroom inspection checklist was updated to include the 2-mil poly sheeting (used for covering resident furnishing) which is listed as a required supply in the NYCHA Lead Safe Housing SP. The storeroom checklist previously only included the 6-mil poly sheeting used for setting up containment. LOT observed that the 2mil poly was not present in storerooms. NYCHA staff currently utilize 6 mil poly for both containment and to cover resident furnishings and belongings. EHS has informed the Supply Chain Department of this deficiency, and they are in the process of acquiring this item to stock storerooms. In the interim NYCHA staff can continue to utilize the 6-mil poly for both containment setup and covering of resident furnishing and belongings.

Since the prior (June – December 2024) reporting period, LOT continues to observe a consistent increase in the compliance rate for the accurate completion of the RRP enforcement question- "Are you performing RRP Work". During the last reporting period LOT observed a 90.76% compliance rate in this area. For this current 6-month period it is now 94.24%. To ensure that there is continued improvement in this area the Compliance Department and EHS will collaborate on providing additional training to staff and supervisors who fail to accurately respond to this question.

EHS observed a total of 48 visual assessment jobs, 33 for in-unit, and 15 in common areas. A total of 41 risk assessments were also observed, with 15 in-unit and 26 for the common areas. No work activities for visual assessments and risk assessment work were flagged as requiring a review or re-assessment by LHC.

In February 2025 LOT initiated oversight of lead abatement jobs occurring as part of the Asset & Capital Management Department's Comprehensive Modernization ("Comp Mod") projects. Oversight of these jobs kicked off with the Comp Mod work at St Nicholas Houses. LOT specialists observed lead abatement jobs in four (4) units. Two (2) of the four (4) jobs observed had deficiencies; one for failure to post signage and one for failure to have the correct date on the Occupant Protection Plan (OPP). Both deficiencies were corrected onsite.

During this period EHS worked with the IT Department to finalize and implement various enhancements to lead oversight processes. These included: 1) the previously mentioned updates to the storeroom checklist, 2) modifications to the lead disclosure document checklist to include the review of additional forms in the tenant folders and development binder; and 3) creating oversight inspection work orders in Maximo for LOT to assess LDD compliance at privately managed developments.

The RFP process has been completed for the selection of a lead compliance assurance vendor to support lead oversight activities across NYCHA's portfolio and the award process is underway.

December 01, 2024 - May 31, 2025

| Field Oversight Activity | Agreement Section | # Observations | Total Compliance Rate | # of Jobs Escalated to Compliance |
|--|----------------------|----------------|-----------------------------|---|
| Storeroom Inspection | 15(d) | 213 | 83.57% | 0 |
| Lead Disclosure Documentation | 14(g) | 279 | 50.54%1 | 31 |
| RRP | Paragraph 15 | 243 | 90.53% | 0 |
| Lead Abatement | Paragraph 14 | 201 | 99.00% | 2 |
| Post-RRP Clearance | 15(j) | 203 | 99.01% | 2* |
| Post-Lead Abatement Clearance | 14(e) | 217 | 100% | 0 |
| Visual Assessment QA In-Unit | | 33 | N/A | 0 |
| Visual Assessment QA Common Area | | 15 | N/A | 0 |
| Risk Assessment In-Unit | | 15 | N/A | 0 |
| Risk Assessment Common Area | | 26 | N/A | 0 |

Note: The chart shows 99.01% compliance for Post RRP clearance because one of the clearance violations identified was not a part of the overall population of RRP clearance jobs observed by LOTS. Therefore, this violation did not impact the compliance rate. While observing an in-progress RRP job the LOTS was informed that a dust wipe sample was collected even though the RRP job was still in progress. The Escalation report is in the appendix.

¹ Lead Disclosure Documentation inspections include 2 tasks per work order – property management lead disclosure file and tenant folder review. Not all work orders have both tasks performed. See Table B for the breakdown. 279 work orders had at least 1 task performed, of which 138 138 work orders had at least 1 failed inspection.

A. Storeroom Compliance

| Tools/A was | | Decembe | r 01, 2024 – Ma | y 31, 2025 |
|--------------------------|----------------------|-------------------------------|------------------------|------------------------|
| Task/Area Assessed | Agreement Section | # Inspections Completed | #Failed Inspections | Compliance Rate (%) |
| Storeroom Inspections | 15(d) | 213 | 35 | 83.57% |

Notes:

• A data quality review identified four (4) Lead Disclosure Documentation inspections with data entry errors, resulting in discrepancies between this report and Maximo/Data Warehouse. All data discrepancies were reconciled in this report and documented in a discrepancy log with detailed explanations. The discrepancy detail is available upon request.

B. Lead Disclosure Documentation Compliance

| Tools/Awas | | Decembe | r 01, 2024 – Ma | 2024 – May 31, 2025 | |
|---|----------------------|-------------------------------|------------------------|------------------------|--|
| Task/Area Assessed | Agreement Section | # Inspections Completed | #Failed Inspections | Compliance Rate (%) | |
| Property Management Lead Disclosure Files | 14(g) | 253 | 65 | 74.31% | |
| Tenant Folder Review | 14(g) | 227 | 83 | 63.44% | |

Notes:

• A data quality review identified thirteen (13) Lead Disclosure Documentation inspections with data entry errors, resulting in discrepancies between this report and Maximo/Data Warehouse. All data discrepancies were reconciled in this report and documented in a discrepancy log with detailed explanations. The discrepancy detail is available upon request.

C. Renovation, Repair and Painting ("RRP") Compliance

| | Agraamant | December | · 01, 2024 – Ma | ny 31, 2025 |
|----------------------|----------------------|-------------------|-----------------|------------------------|
| Task/Area Assessed | Agreement Section | # Observations | Deficiencies | Compliance Rate (%) |
| RRP Work | | | | |
| Verification | | | | |
| by Personnel (Staff | 15(a) | 243 | 14 | 94.24% |
| Response to "Are you | | | | |
| Performing RRP?") | | | | |
| NYCHA Form | | | | |
| 060.632, | | | | |
| The Lead-safe | 15(f) | 243 | 4 | 98.35% |
| Certified Guide to | | | | |
| Renovate Right | | | | |
| NYCHA Personnel | 15(b) | 322 | 1 | 99.69% |
| Certifications | 13(0) | 322 | 1 | 77.0770 |
| Vendor Personnel | 15(b) | 0 | 0 | N/A |
| Certifications | 13(0) | V | V | 14/74 |
| Signage | | 243 | 9 | 96.30% |
| Worksite Preparation | 15(e) & 15(h) | 100 | 0 | 100% |
| Work Activities | 15(e) | 147 | 2 | 98.64% |
| Cleanup Activities | 15(e) & 15(i) | 43 | 0 | 100% |
| Cleanup Verification | 15(e) | 58 | 0 | 100% |

Notes:

 A data quality review identified one (1) RRP oversight inspection with a data entry error, resulting in discrepancies between this report and the Maximo/Data Warehouse. All data discrepancies were reconciled in this report and documented in a discrepancy log with detailed explanations. The discrepancy detail is available upon request.

D. Lead Abatement Compliance

| | | December 01, 2024 – May 31, 2025 | | | |
|-------------------------------|----------------------|----------------------------------|--------------|---------------------------|--|
| Task/Area Assessed | Agreement Section | # Observations | Deficiencies | Compliance Rate (%) | |
| Occupant Protection Plan | 14(c) | 201 | 0 | 100% | |
| Signage | | 201 | 0 | 100% | |
| EPA Notice of Commencement | 14(b) | 201 | 0 | 100% | |

| Lead Abatement Workers (NYCHA) | 14(a) | 46 | 0 | 100% |
|-------------------------------------|-------|-----|---|--------|
| Lead Abatement Workers (Vendor) | 14(a) | 308 | 0 | 100% |
| Lead Abatement Supervisor | 14(a) | 201 | 2 | 99.00% |
| Work Area Preparation & Containment | | 59 | 0 | 100% |
| Work Activities | | 82 | 0 | 100% |
| Cleanup Activity | | 67 | 0 | 100% |

Notes:

 A data quality review identified one (1) lead abatement oversight inspection with data entry error, resulting in discrepancies between this report and Maximo/Data Warehouse. All data discrepancies were reconciled in this report and documented in a discrepancy log with detailed explanations. The discrepancy detail is available upon request.

E. Clearance Examinations Compliance

| Tasks/Areas | Agreement | December 01, 2024 – May 31, 2025 | | |
|---|---------------|----------------------------------|--------------|------------------------|
| Assessed | Section | # Observations | Deficiencies | Compliance Rate (%) |
| Timing between cleanup completion and clearance examination | 14(e) & 15(j) | 420 | 0 | 100% |
| NYCHA Personnel Certifications | 14(d) & 15(j) | 144 | 0 | 100% |
| Vendor Personnel Certifications | 14(d) & 15(j) | 276 | 0 | 100% |
| Visual Inspection | 14(e) & 15(j) | 420 | 0 | 100% |
| Sample Collections | 14(e) & 15(j) | 384 | 2 | 99.48% |

NYCHA Certified Personnel

| Type of Certified Personnel | Agreement Section | Post RRP | Agreement Section | Post Abatement |
|--------------------------------|----------------------|----------|----------------------|----------------|
| Dust Wipe Technician | 15(c) & | 127 | 14(-) | 0 |
| Certified Risk Assessor | 15(j) | 0 | 14(e) | 0 |

| Type of Certified Personnel | Agreement Section | Post RRP | Agreement Section | Post Abatement |
|--------------------------------|----------------------|----------|----------------------|----------------|
| Lead-Based Paint | | 7 | | 10 |
| Inspector | | , | | 10 |

Vendor Certified Personnel

| Type of Certified Personnel | Agreement Section | Post RRP | Agreement Section | Post Abatement |
|--------------------------------|----------------------|----------|----------------------|-------------------|
| Dust Wipe | | 6 | | 0 |
| Technician | | 6 | | U |
| Certified Risk | 15(j) | 28 | 14(e) | 134 |
| Assessor | 13() | 26 | 14(0) | 137 |
| Lead-Based Paint | | 35 | | 73 |
| Inspector | | 33 | | 73 |

Notes:

• A data quality review revealed zero (0) Dust Wipe Clearance oversight inspections with data entry errors.

F. Visual Assessment Quality Assurance (QA)

| Inspection | # Observations | # Requiring LHC Review/Re-assessment |
|-------------------------------------|----------------|---|
| Visual Assessment QA In-Unit | 33 | 0 |
| Visual Assessment QA Common Area | 15 | 0 |

G. Risk Assessment Oversight

| Inspection | # Observations | # Requiring LHC Review/Re-assessment |
|----------------------------------|----------------|---|
| Risk Assessment In-Unit | 15 | 0 |
| Risk Assessment Common Area | 26 | 0 |
| Risk Assessment Exterior Area | 0 | 0 |

Exhibit A: Lead Abatement Escalation Reports (December 1, 2024 – May 31, 2024)



Environmental Health & Safety Department

| EHU OVERSIGHT ESCALATION REPORT | | | | | | |
|---------------------------------|--|---|----------------------------------|------------------------|---------------------------------|--|
| PERSONNEL? (If Ven | | DOR/NAME(S) OF NYCHA PERSONNEL for also indicate company name) | 3. TYPE OF JOB Lead Abatement | | 4. EHS INSPECTION WO# 135585986 | |
| | | I Gaurtamber | | | 132314567 | |
| 6. ADMINSTERING DEPARTMENT | | 7. DEVELOPMENT: | | 8. OBSERVATION ADDRESS | | |
| Lead Hazard Control (LHC) | | Webster Houses | | 1270 Wel Bronx, N | bster Avenue, #14B Y 10456 | |

9. INCIDENT DESCRIPTION:

During an observation of a lead abatement work at Webster Houses, EH&S Lead Oversight Team Specialist (LOTS) Chibuzor Nwobodo observed the following on 03/24/2025 at about 11:20 hrs:

A lead abatement worker from Linear was performing work area preparation for lead abatement-related activities without an abatement supervisor being on site. The workers were performing containment set-up at the time of observation. Upon inquiry, the workers stated that the abatement supervisor went to a nearby development for another job. LOTS spoke to abatement supervisor Angel Gaurtamber on the phone, and he stated that he went to another development for some supplies and would be back on site at Webster in about half an hour. LOTS advised the supervisor to instruct his workers to stop further work until he arrives back on site. Another EPA-certified Lead Abatement Supervisor, Steve Dunn, arrived on site about 45 minutes later and stated that he would be covering until Angel arrived. LOTS left the site soon after Mr. Dunn's arrival as the workers were proceeding on their lunch break.

The deficiency violates a section of NYCHA Lead Safe Standard Procedure as follows: SP050201-Lead Safe Standard Procedure

Section VII.H.i.1(b).i Performing an Abatement, page 60;

- i. Performing an Abatement
- (1) Personnel
- (b) A certified abatement supervisor:
- Must be on-site during all work area preparation. The certified abatement supervisor confirms they are on site by entering the actual start time in Maximo.
- 10. CORRECTIVE ACTION TAKEN:

(Describe what was done after you observed the deficiency, was this reported to the job supervisor, were the corrective actions implemented, did you remain onsite to see completion?)

LHC Project Inspector Piran Pooladi, assigned to monitor the vendor at this location, was notified about the observed deficiency. LOTA Samuel Awelewa was also contacted, and he advised that the job should be flagged for the observed deficiency and that an escalation memo be submitted. The abatement workers were instructed to stop further containment set-up activity until a lead abatement supervisor arrived on site; they complied with the directive. LOTS stayed on site for about one-hour to ensure compliance.

LOTA Samuel Awelewa notified LHC via email about this deficiency.



11. PHOTOS:







12. EHS PERSONNEL/EHS VENDOR

NAME

DATE & TIME OF OBSERVATION:

Chibu Nwobodo

03/24/2025 @11:20 hrs

13. ADDITIONAL INFORMATION (provide any other information that may be of importance)

On 1/4/2024, LOT escalated a Linear worker for inadequate containment during lead abatement work activities.



| EHU OVERSIGHT ESCALATION REPORT | | | | | |
|---|--|---|----------------------------------|--|--|
| 1. VENDOR of NYCHA PERSONNEL? Vendor: Abatement Unlimited | (If Vendor also Indicate company name) | | 3. TYPE OF JOB Lead Abatement | | 4. EHS INSPECTION WO# 135605603 5. CM WO# 127585400 |
| 6. ADMINSTERING DEPARTMENT Lead Hazard Control (LHC) | | 7. DEVELOPMENT: Mill Brook Extension | | | TION ADDRESS ess Avenue, #06F / 10454 |

9. INCIDENT DESCRIPTION:

During an observation of lead abatement work at Mill Brook Extension, EH&S Lead Oversight Team Specialist (LOTS) Chibuzor Nwobodo observed the following on 3/25/25 at about 11:30 hrs:

A lead abatement worker from Abatement Unlimited was performing clean-up activities for lead abatement-related activities without an abatement supervisor being on-site. The worker was performing cleaning of the windows and other surfaces within the work area and wet mopping. All the containment materials, including windows, doors, and floor coverings, had been taken down, bagged, and removed from the apartment. Upon inquiry, the worker stated that Abatement Supervisor Pedro Romero was probably in his truck in front of the building. LOTS was able to speak to Abatement Supervisor Pedro Romero on the phone, and he stated that he went to another Development (Bronx River) to check on an ongoing job. LOTS instructed the worker to stop further clean-up activity until a lead abatement supervisor is present on site as per NYCHA standard procedure.

The deficiency violates a section of NYCHA Lead Safe Standard Procedure as follows: SP050201-Lead Safe Standard Procedure Section VII.H.j.1(a) Lead Abatement

H. Lead Abatement, page 67

- Cleanup
- (1) Personnel
- (a) The certified abatement worker(s) who performed the abatement performs the cleanup.
- (b) The certified abatement supervisor must be on-site during all post-abatement cleanup of work areas, including any re-cleaning activities following a failed clearance examination. The supervisor must enter their actual start and end date in a log book or, if available, the employee's NYCHA handheld device whenever they are on site during any post-abatement cleanup of work areas.

10. CORRECTIVE ACTION TAKEN:

(Describe what was done after you observed the deficiency, was this reported to the job supervisor, were the corrective actions implemented, did you remain onsite to see completion?)

Liro Project Inspector Arthur Doyle, who is assigned to monitor the vendor at this location, was notified about the observed deficiency. LOTA Samuel Awelewa was also contacted, and he advised that the job be flagged for the observed deficiency and that an escalation memo be submitted. The worker was asked to stop further clean-up activities until a lead abatement supervisor arrived on-site, and he complied with the directive. LOTS waited, and lead abatement supervisor Pedro Romero arrived back on-site about an hour later.

LOTA Samuel Awelewa notified LHC via email about this deficiency.



11. PHOTOS:







12. EHS PERSONNEL/EHS VENDOR

NAME:

Chibu Nwobodo

3/25/25 @ 11:30 hrs:

13. ADDITIONAL INFORMATION (provide any other information that may be of importance)

It should be noted that on 2/27/2023, 10/12/2023, 6/10/2024 (Supervisor not on-site), 9/5/2024, LOT observed multiple Abatement Unlimited for various violations, including this same violation.



| | EHU | OVERSIGHT ESCALATI | ON RE | PORT | | | |
|---|-----|---------------------------------|-----------|------------------------|--------------------------|--|--|
| | | | | | | | |
| 1. VENDOR or NYCHA PERSONNEL? | | DOR/NAME(S) OF NYCHA PERSONNEL | 3. TYPE 0 | OF JOB | 4. EHS INSPECTION WO# | | |
| | | dor also indicate company name) | RRP DI | N | 134723622 | | |
| VENDOR (SAI) | VEN | DOR (SAI) | | | 5. CM WO# | | |
| | | | | | 131213933 | | |
| | | | | | | | |
| 6. ADMINSTERING DEPARTMENT | | 7. DEVELOPMENT: | | 8. OBSERVATION ADDRESS | | | |
| Manhattan Property Management | | GRANT HOUSES | | | adway, #2B k, NY10027 | | |
| INCIDENT DESCRIPTION: During an oversight inspection of a Post-RRP dust-wipe work at Grant Houses, EH&S Lead Oversight Team Specialist (LOTS), Chibuzor Nwobodo, observed the following pn 02/03/25 at about 18:04 hrs: | | | | | | | |

Upon arrival on site, LOTS was informed by the Painter, Maurice <u>Toussaint NYCHA ID# 386376</u>, that <u>Muhammed Ali</u> a vendor dust-wipe staff from SAI had collected dust wipe samples. The clearance sampling was conducted while <u>RRP-related</u> work was still ongoing. As per NYCHA standard procedure, the dust-wipe should not have been collected and the job should have been "Failed Visual Inspection," as work was still in progress.

SP050201 - Lead Safe Standard Procedure

Section VII.J.13(a) - Clearance

Pages 102 - 103

- (3) Dust Wipe Sample
- (a) A dust wipe technician:
- i. Takes a dust wipe sample no sooner than one hour after cleaning is completed.
- Perform a dust wipe in each identified room, equivalent only after the room passes the visual inspection, and enter the information for each sample into their handheld device.
- a. If a dust wipe cannot be performed (e,g, because a surface is not clean, there is wet paint, etc.), then 'Failed Visual Paint' must be selected as the dust wipe result.
- 10. CORRECTIVE ACTION TAKEN:

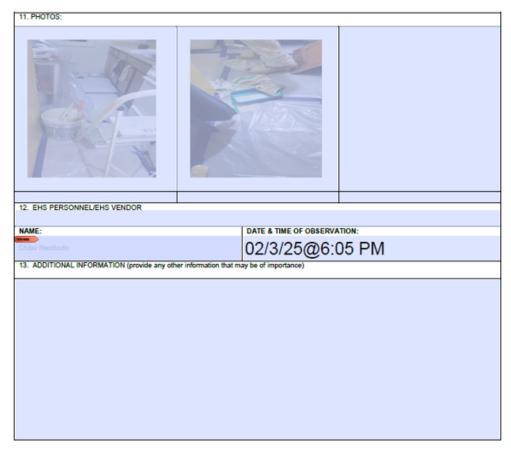
(Describe what was done after you observed the deficiency, was this reported to the job supervisor, were the corrective actions implemented, did you remain onsite to see completion?)

LOTA Samuel Awelewa and Ken Coote Program Manager at LHC were notified about the observed deficiency via email.

The work area was re-sampled under work order 131213932 on 2/7/25 and passed.

Additionally, LHC directed SAI to remove Muhammed Ali from all NYCHA related jobs.







| | EHU OVERSIGHT ESCALATION REPORT | | | | | | |
|----------------------------------|---------------------------------|---|------------------------------------|------------|-----------------------------------|--|--|
| | | | | | | | |
| 1. VENDOR or NYCHA | | 2. VENDOR/NAME(S) OF NYCHA PERSONNEL 3. TYPE OF | | OF JOB | 4. EHS INSPECTION WO# | | |
| PERSONNEL? | - | dor also Indicate company name) | Post R | RP | 136777008 | | |
| Vendor (Genesis) | Henr | y Long Jr. | Clearance | | 5. CM WO# | | |
| | | | | | 132570923 | | |
| 6. ADMINSTERING DEPARTMENT | | 7. DEVELOPMENT: | | 8. OBSERVA | TION ADDRESS | | |
| Manhattan Property Management | | King Towers | 71 West 112th S New York, NY 10 | | 112th Street, #06C k, NY 10026 | | |

9. INCIDENT DESCRIPTION:

During observation of a Post RRP (PRRP) dust wipe work clearance sampling at King Towers, EH&S Lead Oversight Team Specialist (LOTS), Chibuzor Nwobodo observed the following on 5/6/2025 at about 18:15 hrs:

A vendor Dust Sampling Technician (DST), Henry Long Jr, from Genesis collected an adjacent dust wipe sample without a sampling template and did not use tape to mark the sampled area. He also did not measure the surface area sampled. The fechnician used one pair of gloves to collect multiple samples. LOTS pointed out the deficiencies to Mr. Long and asked him to make corrections, but he refused to comply with the request. He asked LOTS to report to the bosses that he refused to comply with the request for correction. LOTS notifies the LOTA, Samuel Awelewa, and the LHC Dust Wipe unit program manager, Ken Coote, about these deficiencies.

The deficiency violates a section of HUD Guidelines as contained in: Appendix 13.1-2:

- Single Surface Wipe Sampling Procedure
 A. Outline the sample area.
 Use clean template.
 Tape template to surface.

- · If no template, outline with tape.
- Using tape to lay out the sample area, make sure that on floors the tape is laid in a square. On sills and troughs, the tape should be laid perpendicular to the sill.
- DO NOT touch the area inside the template.

- D. Put on clean gloves
 Use disposable gloves.
 Use new gloves for each sample.
 DO NOT touch anything except the wipe after. putting on the gloves.

10. CORRECTIVE ACTION TAKEN:

(Describe what was done after you observed the deficiency, was this reported to the job supervisor, were the corrective actions implemented, did you remain onsite to see completion?)

LOTA Samuel Awelewa emailed LHC Dust Wipe Unit Program Manager Ken Coote to communicate these deficiencies. LHC Program Manager Ken Coote rescheduled a retest for the unit for 5/7/2025 and notified LOTA Samuel Awelewa about the schedule.

It should be noted that LHC reused the same initial failed work order to reschedule the retest, and LOT was unable to observe the retest due to a CM duplicate work order, which would not reproduce a new QA work order since the old QA work order had been used.



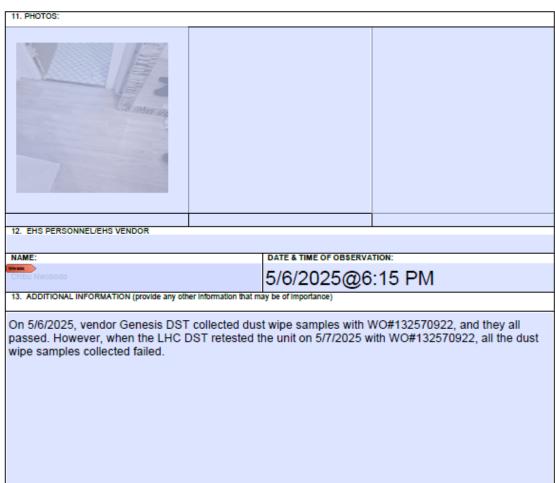


Exhibit C: Lead Disclosure Document Escalation Memos (December 1, 2024 – May 31, 2024)



Environmental Health & Safety Department

To: Cassiah Ward, Chief Compliance Officer

From: Patrick O'Hagan, VP Environmental Health and Safety Officer

Date: December 11th, 2024

Re: November Lead Disclosure Document Re-Inspection Failures

The EH&S Lead Oversight Team (LOT) reviewed the Lead Disclosure Documents at various developments during November. If a development was missing some or all of the required documents, it was re-inspected

after approximately 10 business days.

During the review LOT would confirm that hard copies of the following documents are present in a development's Lead Disclosure binder and placed in the following order:

- Development Disclosure Form
- Executive Summary Report
- Risk Assessment Re-Evaluation Report
- List of Units with Individual Unit Disclosure Forms
- · These documents must be placed in a Blue 3-Ring Binder

The table below summarizes the developments that failed the first inspection and the follow-up re-inspection during the month of November. When developments fail the first inspection, LOT emails property management the Compliance Department's "Guidance for Lead Disclosure Rule Documentation," which provides instructions for retrieving lead disclosure documents to assist them with gathering the required documents.

| Development | First Inspection Date | Re-Inspection Date | Passed Re-Inspection |
|-------------|--------------------------|--------------------|--|
| Glenmore | 10/17/2024 | 11/7/2024 | The list of units with individual unit disclosures was missing. |
| Low | 10/17/2024 | 11/7/2024 | The list of units with individual unit disclosures was missing. |
| Elliot | 10/23/2024 | 11/14/2024 | The blue three-ring binder cover page was missing. The executive summary report was missing. The biennial risk assessment was missing. |



| | | | The list of units with individual unit disclosures was missing |
|--------------------|------------|------------|--|
| Brevoort | 10/23/2024 | 11/14/2024 | The list of units with individual unit disclosures was missing. |
| Borinquen Plaza II | 10/30/2024 | 11/19/2024 | The biennial risk assessment was missing. The documents were not organized according to the required format. |
| Breukelen | 10/23/2024 | 11/27/2024 | The list of units with individual unit disclosures was missing. |

In response to these findings of non-compliance, I request that your department initiate appropriate corrective actions against the leadership teams of these locations.

Thank you in advance, and please let me know if you have any questions.



To: Cassiah Ward, Chief Compliance Officer

From: Patrick O'Hagan, VP Environmental Health and Safety Officer

Date: January 14, 2025

Re: Lead Disclosure Document Re-Inspection Failures (December 2024)

The EH&S Lead Oversight Team (LOT) reviewed the Lead Disclosure Documents at various developments during December 2024. If a development was missing some or all of the required documents, it was reinspected after approximately 10 business days.

During the review LOT would confirm that hard copies of the following documents are present in a development's Lead Disclosure binder and placed in the following order:

The following documents must be placed in a blue 3-ring binder:

- Cover Page
- Development Disclosure Form
- o Executive Summary Report
- o Biennial Risk Assessment Report
- List of Units with Individual Unit Disclosure Forms
- Tracking Log

The table below summarizes the developments that failed the first inspection and the follow-up re-inspection during the month of December 2024. When developments fail the first inspection, LOT's Logistics Coordinator emails property management the Compliance Department's "Guidance for Lead Disclosure Rule Documentation," which provides instructions for retrieving lead disclosure documents to assist them with gathering the required documents.

| Development | First Inspection Date | Re-Inspection Date | Failures Noted During Initial and Follow-Up Inspection |
|---------------|--------------------------|-----------------------|---|
| Drew Hamilton | 10/23/24 | 12/02/24 | The randomly selected tenant folder, building 1 Apt 7K, was missing form 060- 275 lead disclosures document. |
| Mitchel | 10/23/24 | 12/02/24 | The randomly selected tenant folders, Building#9 Apt 9G & 11B, were missing form 060-275 lead disclosures document. |



| Development | First Inspection Date | Re-Inspection Date | Failures Noted During Initial and Follow-Up Inspection |
|-------------------------|--------------------------|-----------------------|--|
| Bronx River | 10/23/24 | 12/02/24 | The randomly selected tenant folder, Building#5 Apt 11K, was missing form 060-275 lead disclosures document. |
| 830 Amsterdam Avenue | 11/27/24 | 12/18/24 | The list of units with individual unit disclosures was missing. |
| Wise Rehab | 11/27/24 | 12/18/24 | Lead disclosure documents were not stored in a blue three-ring binder. The executive summary report was missing. The biennial risk assessment was missing. The list of units with individual unit disclosures was missing. The tracking log was missing. |
| FHA Group I | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group II | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group III | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group IV | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group V | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group VI | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group VII | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group VIII | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group IX | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| FHA Group X | 12/02/24 | 12/18/24 | No lead disclosure documents. |
| WSUR (Brownstones) | 11/27/24 | 12/18/24 | The biennial risk assessment was missing. |



| Development | First Inspection Date | Re-Inspection Date | Failures Noted During Initial and Follow-Up Inspection |
|---------------------|--------------------------|-----------------------|---|
| WSUR A | 11/27/24 | 12/18/24 | The development lead-based paint disclosure was missing. The executive summary report was missing. The biennial risk assessment was missing. The documents were not organized according to the required format. |
| WSUR B | 11/27/24 | 12/18/24 | The development lead-based paint disclosure was missing. The executive summary report was missing. The biennial risk assessment was missing. The tracking log was missing. |
| WSUR C | 11/27/24 | 12/19/24 | The biennial risk assessment was missing. |
| Bedford- Stuyvesant | 12/03/24 | 12/19/24 | The list of units with individual unit disclosures was missing. |
| 45 Allen Street | 12/03/24 | 12/23/24 | The list of units with individual unit disclosures was missing. |

In response to these findings of non-compliance, I am requesting that your department initiate appropriate corrective actions against the leadership teams of these locations.

Thank you in advance and please let me know if you have any questions.



To: Cassiah Ward, Chief Compliance Officer

From: Patrick O'Hagan, VP Environmental Health and Safety Officer

Date: February 7th, 2025

Re: January Lead Disclosure Document Re-Inspection Failures

The EH&S Lead Oversight Team (LOT) reviewed the Lead Disclosure Documents during various developments in January. If a development was missing some or all of the required documents, it was reinspected after approximately 10 business days.

During the review, LOT would confirm that hard copies of the following documents are present in a development's Lead Disclosure binder and placed in the following order:

- Development Disclosure Form
- · Executive Summary Report
- Risk Assessment Re-Evaluation Report
- List of Units with Individual Unit Disclosure Forms
- These documents must be placed in a Blue 3-Ring Binder
- · Binder has the Correct Cover Page

The table below summarizes the developments that failed the first inspection and the follow-up re-inspection during the month of January. When developments fail the first inspection, LOT emails property management the Compliance Department's "Guidance for Lead Disclosure Rule Documentation," which provides instructions for retrieving lead disclosure documents to assist them with gathering the required documents.

| Development | First Inspection Date | Re-Inspection Date | Passed Re-Inspection |
|---------------------------------|--------------------------|--------------------|---|
| Bailey Ave West 193rd Street | 12/03/24 | 01/06/25 | The blue three-ring binder cover page was missing. The development lead-based paint disclosure was missing. The executive summary report was missing. The biennial risk assessment was missing. The list of units with individual unit disclosures was missing. |



| | | | The documents were not organized. |
|----------------------------|----------|----------|---|
| Bracetti Plaza | 12/03/24 | 01/06/25 | The documents were not organized. |
| East New York City line | 11/27/24 | 01/07/25 | The executive summary report was missing. The biennial risk assessment was missing. The list of units with individual unit disclosures was missing. |

In response to these findings of non-compliance, I request that your department initiate appropriate corrective actions against the leadership teams of these locations.

Thank you in advance, and please let me know if you have any questions.



To: Cassiah Ward, Chief Compliance Officer

From: Patrick O'Hagan, VP Environmental Health and Safety Officer

Date: June 20th, 2025

Re: May Lead Disclosure Document Re-Inspection Failures

The EH&S Lead Oversight Team (LOT) reviewed the Lead Disclosure Documents at various developments in May 2025. If a development was missing some or all of the required documents, it was re-inspected after approximately 10 business days.

During the review, LOT would confirm that hard copies of the following documents are present in a development's Lead Disclosure binder and placed in the following order:

- Development Disclosure Form
- Executive Summary Report
- Risk Assessment Re-Evaluation Report
- List of Units with Individual Unit Disclosure Forms
- · These documents must be placed in a Blue 3-Ring Binder

The table below includes one development that failed the first inspection and the re-inspection during the month of May 2025. When developments fail the first inspection, LOT emails property management the Compliance Department's "Guidance for Lead Disclosure Rule Documentation," which provides instructions for retrieving lead disclosure documents to assist them with gathering the required documents. Developments must follow the guidance to correct the identified LDD deficiency prior to LOT's re-inspection. The location below did not comply to correct the deficiency. Therefore, I am requesting that your department initiate appropriate corrective actions with the leadership team at this location.

Thank you in advance, and please let me know if you have any questions.

| Development | First Inspection Date | Re-Inspection Date | Failed Re-Inspection |
|------------------|--------------------------|--------------------|--|
| Mariner's Harbor | 4/30/2025 | 5/14/2025 | 14 Roxbury St 6F was missing Form 060-275 Unit Disclosure of information on LBP in resident folder and Lead Disclosure Form 060.275 A or B or C, LBP Unit Disclosure |

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| OUSING THORITY | Environmental Health & Safety Department | |
|-------------------|--|---|
| | | 168 Brabant St Apt 5B was missing Form 060-275 Unit Disclosure of information on LBP in resident folder and Lead Disclosure Form 060.275 A or B or C, LBP Unit Disclosure 173 Brabant Street Apt 6C was missing Form 060-275 Unit Disclosure of information on LBP in resident folder and Lead Disclosure Form 060.275 A or B or C, LBP Unit Disclosure 142 Brabant Street Apt 4D was missing form 060.275, Unit Disclosure of information on LBP |
| | | 142 Brabant Street Apt 4D was missing form 060.275, Unit Disclosure of |
| | | |

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