Situation: Based on pre-1978 unit and assuming positive XRF reading for LBP on surface.	**Lead Hazard per HUD and NJ Code**	**Lead Hazard per 8:51 (Abatement Code)**
An INTACT *friction surface* with dust level above HUD/EPA	YES Strip to bare wood or remove and replace.	YES
An INTACT *friction surface* with dust level below HUD/EPA. (HUD Guidelines 5-28 and 29)	NO However best practice is to strip to bare wood or remove and replace if possible.	YES
A deteriorated *friction surface* with dust level *above* HUD/EPA	YES Strip to bare wood or remove and replace.	YES
A deteriorated *friction surface* with dust level below HUD/EPA	YES All deteriorated LBP is considered a hazard.	YES
An INTACT *impact surface* with or without dust above HUD/EPA	NO	No, but in practice it may be required.
A deteriorated *impact surface* with or without dust above HUD/EPA	YES	YES
"Chewable" surface with no signs of teeth marks or no child under 6 in the home. (HUD Guidelines 5-32)	NO But best practice is to remove/replace or strip to bare wood and encapsulate.	NO, but in practice it is being required.

The caveat will all of these situation is that in the LRAP program, not all rooms receive dust samples. In cases where a room is not dust sampled and lead-based paint is found; the highest level of lead safety should be followed based on these guidelines and lead dust levels found in other areas.

For example: Unit is found to have lead dust *above EPA levels* in multiple rooms. The Back bedroom was not dust sampled, but has significant levels of LBP found on friction, impact and other surfaces per XRF. A reasonable assumption could be made that those surfaces are also creating hazardous lead dust. So, LCM should provide a similar set of lead measures in that room they did in other rooms.

When in doubt, and if costs allow, LCMs should provide the highest level of lead safety possible.