

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

Page 1 of __

Owner Information

Name of Owner/Occupant: _____
Address: _____
City: _____ State: _____ Zip code: _____ Contact # (____) ____ - ____
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.	
Renovation Address: _____	Unit# _____
City: _____ State: _____ Zip code: _____	
Certified Firm Name: _____	
Address: _____	
City: _____ State: _____ Zip code: _____	Contact # (____) ____ - ____
Email: _____	
Certified Renovator Name: _____	Date Certified: ____ / ____ / ____

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components.	
Test Kit #1	
Manufacturer: _____	Manufacture Date: _____
____ / ____ / ____	
Model: _____	Serial #: _____
Expiration Date: _____	
Test Kit #2	
Manufacturer: _____	Manufacture Date: _____
____ / ____ / ____	
Model: _____	Serial #: _____
Expiration Date: _____	
Test Kit #3	
Manufacturer: _____	Manufacture Date: _____
____ / ____ / ____	
Model: _____	Serial #: _____
Expiration Date: _____	

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Page ___ of ___

Renovation Address: _____ Unit# _____ City: _____ State: _____ Zip code: _____

Test Location # _____ Test Kit Used: (Circle only one) Test Kit # 1 Test Kit # 2 Test Kit # 3 Description of component tested including location: _____
Result: Is lead present? (Circle only one) YES NO Presumed
Date of test: ____/____/____

Test Location # _____ Test Kit Used: (Circle only one) Test Kit # 1 Test Kit # 2 Test Kit # 3 Description of component tested including location: _____
Result: Is lead present? (Circle only one) YES NO Presumed
Date of test: ____/____/____

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Result: Is lead present? (Circle only one) YES NO Presumed
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Result: Is lead present? (Circle only one) YES NO Presumed
Date of test: ____/____/____