

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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

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: ____/____/____

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: ____/____/____

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: ____/____/____