

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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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: _____ 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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