

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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Test Kit Documentation Form

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: ____/____/____ | | | | |

| | | | | |
|---|----------------------------------|--------------|--------------|--------------|
| 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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|---|----------------------------------|--------------|--------------|--------------|
| 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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| 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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| 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: ____/____/____ | | | | |