

LEADSAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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

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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.			
<u>Test Kit #1</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<u>Test Kit #2</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<u>Test Kit #3</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			