LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

Page 1 of __

Owner	Informat	tion
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Owner Information				
Name of Owner/Occup. Address:				CONT. FOR TREE.
City:	State:	Zip code:	Contact #: ()	1000
The strong managing of the	POSITION NO	FELDERGER H	ns production being the second	
Renovation Informa				
Fill out all of the follo Certified Renovator.			able about the Renovation Site	, Firm, and
Renovation Address:			val entispos ourselatex	Unit#
City:	State:	Zip code:	mean management of	
Certified Firm Name: _ Address:	er bel cure a backy	ns s ego aled e so sinfa aut	no amoneo di secoli di La pilo test and publica bio Real terrovite	
City:	State:	Zip code:	Contact #: ()	
Email: Certified Renovator Na	ime:	BOOKSTOVENSE BVOKED ULBER	Date Certified: /	1
Test Kit Information	<u>n</u>	atelo	ere sel per en una con esta en	a separation
	nks to identi	fy the test kit or to	est kits used in testing compo	nents.
Test Kit #1			Manufacture Date:	Bugie
	BIED / BUTTO	ched had be a w	Manuacture Date.	
Model:Expiration Date:	ризите от и вкути текно	e exel·line equi perior in landino.	Serial #:	

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