

# 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

<b>Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.</b>			
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

<b>Use the following blanks to identify the test kit or test kits used in testing components.</b>	
<b>Test Kit #1</b>	
Manufacturer: _____	Manufacture Date: _____
____/____/____	
Model: _____	Serial #: _____
Expiration Date: _____	

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	
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	