LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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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## LEAD SAFETY for Remodeling, Repair and Painting

**Test Kit Documentation Form**

| 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: _____/_____/_____

### 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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