

# PAINT CHIP SAMPLE COLLECTION FORM

Client/Project Information

Date of Test: \_\_\_\_\_ Page 1 of \_\_\_\_\_

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: _____
City: _____ State: _____ Zip Code: _____ Contact #: _____
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: _____
Email: _____
Certified Renovator Name: _____ Date Certified: _____

Paint Chip Sample Information

For each sample collected, fill out all of the following information.
Sample Identifier : _____
Sample Collector Name: _____
Sampling Location: _____
Sampling Site Description: _____
Sample Dimensions (cm): _____ Calculate Sample Area (cm <sup>2</sup> ) _____
NLLAP-recognized entity and location: _____
Submission Date: _____ Results: _____ Results Date: _____

# PAINT CHIP SAMPLE COLLECTION FORM

Page \_\_\_\_ of \_\_\_\_

Renovation Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Test: \_\_\_\_\_

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Sampling Site Description: \_\_\_\_\_  
Sample Dimensions (cm): \_\_\_\_\_ Calculate Sample Area (cm<sup>2</sup>) \_\_\_\_\_  
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