

TEST KIT DOCUMENTATION FORM

Owner Information

Date of Testing: _____

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: _____

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components.
Test Kit #1:
Manufacturer: _____ Manufacturer Date: _____
Model: _____ Serial #: _____ Expiration Date: _____
Test Kit #2:
Manufacturer: _____ Manufacturer Date: _____
Model: _____ Serial #: _____ Expiration Date: _____
Test Kit #3:
Manufacturer: _____ Manufacturer Date: _____
Model: _____ Serial #: _____ Expiration Date: _____

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Page ____ of ____

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

Test Location # _____ Test Kits Used (Circle only One) Test Kit #1 Test Kit #2 Test Kit #3
Desceiption of component tested including location: _____

Result: Is Lead Present? (Circle only one) Yes No Presumed Date of Test: _____

Test Location # _____ Test Kits Used (Circle only One) Test Kit #1 Test Kit #2 Test Kit #3
Desceiption of component tested including location: _____

Result: Is Lead Present? (Circle only one) Yes No Presumed Date of Test: _____

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Result: Is Lead Present? (Circle only one) Yes No Presumed Date of Test: _____