Test Kit Documentation Form Page 1 of ___

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: _____/_____/_____

Test Kit Documentation Form

Renovation Address: ____ Unit#: ______

City: ________________ State: ______ Zip code: ___________

Test Location # ________________ Test Kit Used (Circle 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 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 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 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 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 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: _____/_____/_____