

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 test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	

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Description of test location: _____				

Result: Is lead present? (Circle only one)	YES	NO	Presumed	

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: _____