

# LEAD TEST KIT DOCUMENTATION FORM

Client name: \_\_\_\_\_

Client ID# \_\_\_\_\_

## ***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: \_\_\_\_\_

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: \_\_\_\_\_

Location: \_\_\_\_\_

### **Test Kit #2**

Manufacturer: \_\_\_\_\_

Manufacturer Date: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Location: \_\_\_\_\_

### **Test Kit #3**

Manufacturer: \_\_\_\_\_

Manufacturer Date: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Location: \_\_\_\_\_

### **Test Kit #4**

Manufacturer: \_\_\_\_\_

Manufacturer Date: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Location: \_\_\_\_\_

**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

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

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

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

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

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

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