

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.

Manufacturer: _____ Manufacture Date: _____

Model#: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #2

Manufacturer: _____ Manufacture Date: _____

Model#: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #3

Manufacturer: _____ Manufacture Date: _____

Model#: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #4

Manufacturer: _____ Manufacture Date: _____

Model#: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit Documentation Form

| | | |
|---------------------------|---------------|-----------------|
| Renovation Address: _____ | Unit #: _____ | |
| City: _____ | State: _____ | Zip Code: _____ |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |

| | | | | |
|---|---------------------------------|-------------|------------------|-------------|
| Test Location # _____ | Test Kit Used: (Check only one) | Test Kit #1 | Test Kit #2 Test | Test Kit #3 |
| Description of test location: _____ | | | | |
| Result: Is lead present? (Check only one) | YES | NO | Presumed | |