LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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Name of Address:	Owner/Occupant:		
Cltyl	State:	Zlp codel	Contact # ()
Emal l ı			_

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.					
Renovation Address:			Unlt#		
Cityi					
Certified Firm Name					
Address: Cityı	State:	Zlp codei	Contact #ı ()		
Emallı Certifled Renovator Nai			Date Certified: / /		

Test Kit Information

Use the following blanks to identify the test kit o	r test kits u	ised in testing components.
Test K t #1		
Manufacturer:		Manufacture Datei
Modelı	Serjal # _l	
Expiration Datei		
Test Kit #2		
Manufacturer:		Manufacture Date
Modeli	Serlal #ı	
Exp rat on Date	<u></u>	
Test K t #3		
Manufacturer:		Manufacture Dater
Modelj	Serjal #j	
Explration Date:		

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Renovation Addressi _ Cllyi	01-1-	71		Un	lt#
Cityi	State	ZIP code:			
Test Location # Descript on of compone	Test Klt Used ent tested nclu	lı (Circle only one ding locationı) Test Klt#1	Test Klt # 2	Test Klt # 3
Resulti Is lead present Date of testi/		one) YES	NO	Presumed	
Test Location # Description of compone				Test K t#2	Test K t#3
Resulti Is lead present Date of testi/		one) YES	NO	Presume	
Test Location # Description of compone					·
Resulti Is lead present Date of testi/		one) YES	NO	Presumed	
Test Location # Description of compone				Tesl Kjl # 2	Test KIt # 3
Rosulti Is Ical prosent Date of testi/_		one) YE\$	NO	Presume	
Test Location # Description of compone) Test Kit#1	Test Kit#2	Test Klt #3
Resulti Is lead present Date of testi/_		one) YES	NO	Presumed	
Test Location #	Taci Kii Head	lı (Cirole ooly oo	\ Teel KII # 1	Toel KII # 2	Test KIL#3
Description of compone					1621 U/I # 3
Resulti Is lead present Date of testi/_		one) YES	NO	Presumed	_