

# LEADSAFETY for Remodeling, Repair and Painting

## Test Kit Documentation Form

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### Owner Information

Name of Owner/Occupant: _____			
Address: _____			
City: _____	State: _____	Zip code: _____	Contact #: (____) ____ - ____
Email: _____			

### Renovation Information

<b>Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.</b>			
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

<b>Use the following blanks to identify the test kit or test kits used in testing components.</b>			
<b><u>Test Kit #1</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<b><u>Test Kit #2</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<b><u>Test Kit #3</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			

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Copy to Client - within 30 days of job completion / Copy to File - keep for 3 years

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Renovation Address: _____ Unit# _____ City: _____ State: _____ Zip code: _____
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<b>Test Location #</b> _____ <b>Test Kit Used: (Circle only one)</b> <b>Test Kit # 1</b> <b>Test Kit # 2</b> <b>Test Kit # 3</b>
Description of component tested including location: _____
Result: Is lead present? (Circle only one)    YES    NO    Presumed
Date of test: ____/____/____

<b>Test Location #</b> _____ <b>Test Kit Used: (Circle only one)</b> <b>Test Kit # 1</b> <b>Test Kit # 2</b> <b>Test Kit # 3</b>
Description of component tested including location: _____
Result: Is lead present? (Circle only one)    YES    NO    Presumed
Date of test: ____/____/____

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Date of test: ____/____/____