

Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: () - 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 _____
Certified Firm Name: _____
Address: _____
City: _____ State _____ Zip _____
Contact Phone: () - 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: _____

Test Kit Documentation

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