

LEAD SAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

Owner Information

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

Certified Firm Name: _____
Address: _____
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: _____ 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: _____