

Test Kit Documentation on Form

Owner Information

Name of Owner/Occupant: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact #: _____

Email: _____

Renovation Information

Fill out all of the 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: _____

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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Presumed				

Customers signature below confirms receipt of EPA Lead Test results. Negative test results only confirms no lead paint is present in renovation areas tested, NOT in areas not listed above.

Customer Signature: _____