

# LEAD SAFETY for Remodeling, Repair and Painting

## Test Kit Documentation Form

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### Owner Information

Name of Owner/Occupant: Ibrahim Afzal  
Address: test address  
City: lahore State: \_\_\_\_\_ Zip code: 456 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: \_\_\_\_\_

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Renovation Address: _____ Unit# _____
City: _____ State: _____ Zip code: _____

<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: ____/____/____				

<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: ____/____/____				

<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: ____/____/____				