

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: _____

Test Kit Documentation Form

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
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Result: Is lead present? (Circle only one) YES NO Presumed

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Result: Is lead present? (Circle only one) YES NO Presumed