LEAD SAFETY for Remodeling, Repair, and Painting

Test Kit Documentation Form   Page 1 of __

Owner Information

Name of Owner/Occupant: ___Joe Slumlord_____

Address: _630 I St NW_____

City: __Washington__ State: DC___   Zip code: 20001 Contact #: (800) 555-1212

Email: __LotsORoaches@yahoo.com_____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.

Renovation Address: __2513 Ordway St NW_____   Unit# __2____

City: __Washington_____   State: _DC_____   Zip code: _20008_____

Certified Firm Name: _____EZ Renovation_____

Address: __50 F St NW_____

City: _Washington__ State: __DC____   Zip code: _20001___ Contact #: (800) 424-5323

Email: __CheapWindows@gmail.com_____

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: ____Hybrivet Systems_____   Manufacture Date: ____N_/_A_/_____

Model: ___Lead Check Swab_____   Serial #: _____

Expiration Date: ___N/A_____

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: _2513 Ordway st NW_____ Unit# __2____

City: _Washington_____ State: _DC_____ Zip code: _20001_____

Test Location # _1___   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

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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

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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

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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

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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

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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