

# LEADSAFETY for Remodeling, Repair and Painting

## Test Kit Documentation Form

Page 1 of \_\_

### Owner Information

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

### Renovation Information

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

<b>Use the following blanks to identify the test kit or test kits used in testing components.</b>			
<b><u>Test Kit #1</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<b><u>Test Kit #2</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<b><u>Test Kit #3</u></b>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			