

**Owner Information**

Name of Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

**Renovation Information**

Name of Occupant: \_\_\_\_\_  
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(s) used in testing components.**

**Test Kit #1**

Manufacturer: \_\_\_\_\_ Product Name: \_\_\_\_\_  
Model/Part #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Test Date: \_\_\_\_\_

**Test Kit #2**

Manufacturer: \_\_\_\_\_ Product Name: \_\_\_\_\_  
Model/Part #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Test Date: \_\_\_\_\_

**Test Kit #3**

Manufacturer: \_\_\_\_\_ Product Name: \_\_\_\_\_  
Model/Part #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Test 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 LOW LEAD\* 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 LOW LEAD\* 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 LOW LEAD\* 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 LOW LEAD\* 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 LOW LEAD\* 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 LOW LEAD\* 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 LOW LEAD\* NO Presumed

**\* LOW LEAD = Lead present but below the US EPA regulated lead level**