

D-LEAD[®] PAINT TEST KIT RECORD KEEPING

PROPERTY OWNER INFORMATION

NAME OF OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT #: (____) _____

E-MAIL: _____

RENOVATOR INFORMATION

CERTIFIED FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT #: (____) _____

EMAIL: _____

CERTIFIED RENOVATOR NAME: _____ DATE CERTIFIED: _____

TEST KIT INFORMATION

MANUFACTURER: _____

PRODUCT NAME: _____

PART/PRODUCT #: _____

LOT #: _____ (A) EXP. DATE: _____

LOT #: _____ (B) EXP. DATE: _____

D-LEAD[®] PAINT TEST KIT RECORD KEEPING

OCCUPANT NAME: _____

RENOVATION SITE ADDRESS: _____ **UNIT #:** _____

CITY: _____ **ST:** _____ **ZIP:** _____

TEST LOCATION #: _____ **DATE OF TEST:** _____ **LOT:** **A** OR **B**

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) **NO LEAD DETECTED** **LOW LEAD** **POSITIVE FOR LEAD**
(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

TEST LOCATION #: _____ **DATE OF TEST:** _____ **LOT:** **A** OR **B**

DESCRIPTION OF TEST LOCATION: _____

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