ARGUS PACIFIC
TRAINING • CONSULTING
A Terracon COMPANY

LEAD SAFETY FOR RENOVATING, REPAIR & PAINTING

LEAD PAINT TEST KIT DOCUMENTATION FORM

OWNER INFORMATION:

Name of Owner/Occupant: _____

Address: _____ City: _____State: ____ Zip: _____

Contact Number: _____ Contact Email: _____

RENOVATION INFORMATION:

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

Renovation Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Certified Firm Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Number: _____ 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: _____

Provide copy to customer within 30 days of job completion & keep on file for 3 years.

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Renovation Address: _____ Unit: _____

City:_____ State:_____ Zip: _____

TEST LOCATION #: ___ Test Kit Used: (check one) ___ Test Kit #1 ___ Test Kit #2 ___ Test Kit #3

Description of component tested including location: _____

_____

Result: Is lead present? (check one) ___ Yes ___ No ___ Presumed

Date of Test: ___ / ___ / ___

TEST LOCATION #: ___ Test Kit Used: (check one) ___ Test Kit #1 ___ Test Kit #2 ___ Test Kit #3

Description of component tested including location: _____

_____

Result: Is lead present? (check one) ___ Yes ___ No ___ Presumed

Date of Test: ___ / ___ / ___

TEST LOCATION #: ___ Test Kit Used: (check one) ___ Test Kit #1 ___ Test Kit #2 ___ Test Kit #3

Description of component tested including location: _____

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Description of component tested including location: _____

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Date of Test: ___ / ___ / ___

TEST LOCATION #: ___ Test Kit Used: (check one) ___ Test Kit #1 ___ Test Kit #2 ___ Test Kit #3

Description of component tested including location _____

_____

Result: Is lead present? (check one) ___ Yes ___ No ___ Presumed

Date of Test: ___ / ___ / ___

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