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| **DEPARTMENT OF HEALTH**  Division of Public Health  F-01320 (08/2014) | | **STATE OF WISCONSIN**  Page 1 of 2 | |
| **LEAD TEST KIT DOCUMENTATION** | | | |
| For use only by certified Lead-Safe Renovators at the request of the property owner. Lead test kits are used to determine if painted components to be disturbed by renovation activities contain lead-based paint. All sections of this form must be completed. The final completed form is required for the renovation records and a complete copy must be provided to the property owner. | | | |
| **Property Owner Information** | | | |
| Name of Owner | | | |
| Address (if different from Renovation Address below) | | | |
| City | State | | Zip code |
| Owner Telephone Number (include area code)  - - | Email | | |
| **Renovation Site Information** | | | |
| Name or type of facility to be Renovated (Examples: Residence, ABC Day Care, XYZ Apartments) | | | |
| Street Address | | | Unit Number(s) |
| City | State  WI | | Zip Code |

**Contractor/Lead-Safe Renovator Information**

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| Contractor Company Name | DHS Co. Certification No. | Date Co. Certification Expires |
| Name of Certified Renovator | DHS Certification No. | Date Certification Expires |
| Street Address | | |
| City | State | Zip code |
| Contractor Telephone Number | Email Address | |

Sketch of layout/location of components tested:

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| Instructions: Insert number (#) of the Test Kit used beginning with #1. Make additional copies of this form as needed.  **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
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| Manufacturer | | Manufacture Date |
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| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |
| **Test Kit Information: #** | | |
| Manufacturer | | Manufacture Date |
| Model | Serial or Lot Number | Expiration Date (if applicable) |

Instructions: Complete for each testing location beginning with Location 1. Make additional copies of this form as needed.

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| **Results** | | |
| Testing Location Number | Test Kit Used:  Test Kit No.: | |
| Description of Tested Location and Component | | |
| Is Lead Present?  Yes  No  Presumed – unable to determine | | Date of Testing (m/d/y) |
| **Results** | | |
| Test Location Number | Test Kit Used:  Test Kit No.: | |
| Description of Component & Location | | |
| Is Lead Present?  Yes  No  Presumed – unable to determine | | Date of Testing (m/d/y) |
| **Results** | | |
| Test Location Number | Test Kit Used:  Test Kit No.: | |
| Description of Component & Location | | |
| Is Lead Present?  Yes  No  Presumed – unable to determine | | Date of Testing (m/d/y) |
| **Results** | | |
| Test Location Number | Test Kit Used:  Test Kit No.: | |
| Description of Component & Location | | |
| Is Lead Present?  Yes  No  Presumed – unable to determine | | Date of Testing (m/d/y) |
| **Results** | | |
| Test Location Number | Test Kit Used:  Test Kit No.: | |
| Description of Component & Location | | |
| Is Lead Present?  Yes  No  Presumed – unable to determine | | Date of Testing (m/d/y) |