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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) |
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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) |

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) |