NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS Division of Housing and Community Resources

Lead Safety Test Kit Documentation Form

Owner Information

Job Number:	
Name of Owner/Occupant:	
Address:	
City, State & Zip:	
Renovation Information	
Fill out all the following information that is available Renovator.	e about the Renovation Site, Firm, and Certified
Renovation Address:	
City, State & Zip:	
Certified Firm Name:	
Address:	
City, State & Zip:	
Contact #:	_
Certified Renovator Name:	Date Certified:
Test Kit Information	41.4
Use the following blanks to identify the test kit or te	est kits used in testing components.
Test Kit #1	
	Manufacture Date (if available):
	Serial #:
Expiration Date:	
Test Kit #2	
	Manufacture Date (if available):
	Serial #:
Expiration Date:	<u> </u>
Test Kit #3	
Manufacturer:	
	Serial #:
Expiration Date:	<u> </u>
Continued on next page	

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Lead Safety Test Kit Documentation Form

Renovation Address:City:					
City:	State:	Zip Code	:		
Job #:					
Attach picture of testing swab for every					
Test Location#: Test Kit					Test Kit#3
Description of component tested including	ng location:_				
Result: Is lead present? (Circle only on	ie): YES		NO	Presume	
Date of test:			1,0	110001110	
Test Location#: Test Kit					
Description of component tested including	ng location:_				
	\ XIEG		NO		1
Result: Is lead present? (Circle only on			NO	Presume	a
Date of test:					
Test Location#: Test Kit	Used (Circle	e only one):	Test Kit#1	Test Kit#2	Test Kit#3
Description of component tested including					
Result: Is lead present? (Circle only on			NO	Presumed	
Date of test:					
Test Location#: Test Kit	Used (Circle	e only one):	Test Kit#1	Test Kit#2	Test Kit#3
Description of component tested including					τος κιτησ
Description of component tested mercan	ig iocation				
Result: Is lead present? (Circle only on	e): YES		NO	Presume	d
Date of test:					
TO A TO A STATE OF THE STATE OF	TT 1/0' 1	1 \	TD	T	T
Test Location#: Test Kit					
Description of component tested including	ig iocation:_				
Result: Is lead present? (Circle only on	e)· YFS		NO	Presume	
Date of test:	,. 1115		110	1 105umo	