

New Jersey Department of Community Affairs  
Lead Assistance Program

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**Initial Lead Test Form**

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ File ID: \_\_\_\_\_

Client Street Address: \_\_\_\_\_

Client City, Zip Code: \_\_\_\_\_

**Test Kit Information**

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Manufacture Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Lead Swab Test**

A color photo of the testing swab must be submitted with this form.

Test Date: \_\_\_\_\_

Description of Component Tested Including Location:

- Result:  Lead is present.  
 Lead is presumed to be present.  
 Lead is not present.

**A color photo of the testing swab must be submitted with this form.**