

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 about the Renovation Site, Firm, and Certified Renovator.**

Renovation Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Certified Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_

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 (if available): \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

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

**Test Kit #2**

Manufacturer: \_\_\_\_\_ Manufacture Date (if available): \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

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

**Test Kit #3**

Manufacturer: \_\_\_\_\_ Manufacture Date (if available): \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

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

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**Lead Safety Test Kit Documentation Form**

Renovation Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Job #:

**Attach picture of testing swab for every location tested:**

**Test Location#:** \_\_\_\_\_ Test Kit Used (Circle only one): Test Kit#1 Test Kit#2 Test Kit#3  
Description of component tested including location: \_\_\_\_\_  
\_\_\_\_\_  
**Result: Is lead present?** (Circle only one): YES NO Presumed  
Date of test: \_\_\_\_\_

**Test Location#:** \_\_\_\_\_ Test Kit Used (Circle only one): Test Kit#1 Test Kit#2 Test Kit#3  
Description of component tested including location: \_\_\_\_\_  
\_\_\_\_\_  
**Result: Is lead present?** (Circle only one): YES NO Presumed  
Date of test: \_\_\_\_\_

**Test Location#:** \_\_\_\_\_ Test Kit Used (Circle only one): Test Kit#1 Test Kit#2 Test Kit#3  
Description of component tested including location: \_\_\_\_\_  
\_\_\_\_\_  
**Result: Is lead present?** (Circle only one): YES NO Presumed  
Date of test: \_\_\_\_\_

**Test Location#:** \_\_\_\_\_ Test Kit Used (Circle only one): Test Kit#1 Test Kit#2 Test Kit#3  
Description of component tested including location: \_\_\_\_\_  
\_\_\_\_\_  
**Result: Is lead present?** (Circle only one): YES NO Presumed  
Date of test: \_\_\_\_\_

**Test Location#:** \_\_\_\_\_ Test Kit Used (Circle only one): Test Kit#1 Test Kit#2 Test Kit#3  
Description of component tested including location: \_\_\_\_\_  
\_\_\_\_\_  
**Result: Is lead present?** (Circle only one): YES NO Presumed  
Date of test: \_\_\_\_\_