

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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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: _____