

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

**Lead Safety Test Kit Documentation Form**

**Owner Information**

Name of Owner/Occupant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Renovation Information**

**Fill out all the following information that is available about the Renovation Site, Firm, and Certified Renovator.**

Renovation Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Year Built \_\_\_\_\_

Certified Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 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: \_\_\_\_\_

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_