

LEADSAFETY for Remodeling, Repair and Painting

Test Kit Documentation Form

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Owner Information

Name of Owner/Occupant: _____			
Address: _____			
City: _____	State: _____	Zip code: _____	Contact #: (____) ____ - ____
Email: _____			

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.			
Renovation Address: _____			Unit# _____
City: _____	State: _____	Zip code: _____	
Certified Firm Name: _____			
Address: _____			
City: _____	State: _____	Zip code: _____	Contact #: (____) ____ - ____
Email: _____			
Certified Renovator Name: _____		Date Certified: / /	

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components.			
<u>Test Kit #1</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<u>Test Kit #2</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			
<u>Test Kit #3</u>			
Manufacturer: _____		Manufacture Date: ____/____/____	
Model: _____	Serial #: _____		
Expiration Date: _____			

Copy to Client - within 30 days of job completion / Copy to File - keep for 3 years

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Renovation Address: _____ Unit# _____ City: _____ State: _____ Zip code: _____

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: ____/____/____

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: ____/____/____

RENOVATION RECORDKEEPING CHECKLIST & REPORT

Certified Firm Name: _____

Job Date: _____

Job Address: _____

Brief Description of Renovation: _____

Name(s) of Certified Renovator(s): _____

Name(s) of Trained Workers, if used: _____

Name(s) of Sub-Contractors & Certified Firm Numbers, if used: _____

Name of Inspector or Risk Assessor, if used: _____

___ Job Site Documents

___ Certified Renovator Certificate with contact number

___ Certified Firm Certificate

___ In-Office Job File Documents

___ Copies of Certified Renovator qualifications (training certificates, certifications)

___ Proof of Non-Certified Worker Training

___ Lead-based paint test results (if used)

___ Receipt for Renovate Right (or proof of delivery)

___ Copies / photos of all signs/notices posted

___ Renovation Recordkeeping Checklist & Report

___ Non-Certified Worker Trained as needed (check all that apply):

___ Posting warning signs

___ Setting up plastic containment barriers

___ Maintaining containment

___ Avoiding spread of dust to adjacent areas

___ Waste handling

___ Post-renovation cleaning

___ Lead Testing (Select One & Attach Test Records):

___ Certified Renovator

___ Licensed Lead Inspector/Risk Assessor

___ Lead Presumed not Tested

___ Interior Containment – Work Area Contained to Prevent Spread of Dust & Debris

___ Signs posted at entrance to work area

___ All objects in the work area removed or covered

___ Floors covered (6' or more) with taped-down plastic

___ Vertical Containment Used - optional

___ HVAC ducts in the work area closed and covered

___ Windows in the work area closed

___ Doors in the work area closed and sealed

- Exterior Containment – Work Area Contained to Prevent Spread of Dust & Debris
 - Windows within 20' of the work area closed Doors within 20' of the work area closed
 - Doors that must be used in the work area covered to allow passage but prevent spread of dust
 - Ground covered by plastic extending 10' or more as needed from work area
 - Vertical Containment used to contain dust and debris to adjacent property if less than 10' to property line
 - Waste contained on-site and while being transported off-site
 - Clean-up - Work Area Properly Cleaned After Renovation
 - All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal
 - All surfaces & items (inside work area & 2' beyond) HEPA vacuumed & wet cleaned (interiors)
 - Certified Renovator performed Visual Inspection & recleaned as needed
 - Cleaning Verification performed by Certified Renovator (describe results, including the number of wet and dry cloths used): _____
- _____
- If dust clearance testing was performed instead, attach a copy of report.

Emergency Renovation (circle one): **YES** **NO**

If Yes, describe nature of emergency & rules not followed: _____

Additional Comments: _____

I certify under penalty of law that the above information is true and complete.

Certified Renovator's Name (please print)	Signature	Date
Customer's Name (please print)	Signature	Date

Note: A copy of this report must be given to the owner, an adult occupant (if not the owner) or adult representative (if a child occupied facility) no more than 30 days after job completion or upon submission of the invoice and, if the work was in common areas, either the actual report or instructions how to obtain it must be posted.

NON-CERTIFIED WORKER TRAINING DOCUMENTATION

Non-Certified Worker Name	Skill Set 1: Review Steps for Lead Safety in Renovations	Skill Set 2: Setting up Barriers, Signage and Entry Doors	Skill Set 3: Cover or Remove Furniture	Skill Set 4: Establish Interior Containment	Skill Set 5: Establish Exterior Containment. Vertical Containment Training When Required	Skill Set 6: Personal Protective Equipment	Skill Set 7: Interior Final Cleaning	Skill Set 8: Exterior Final Cleaning	Skill Set 9: Bagging Waste

Training Date: _____

Certified Renovator/Trainer Name & Certification #: _____

1. Record Name of all Trainees. 2. After Completing Training Have Each Trainee Initial Skill Sets. 3. Certified Renovator Dates & Signs 4. Keep Record for 3 years

Renovation Notice

Job Description: _____

Job Location: _____

Expected Start Date: _____

Expected Completion Date: _____

Because this is an older building built before 1978, some lead-based paint may be disturbed and lead-safe work practices will be followed. You may obtain a copy of the Renovate Right pamphlet and the Post-Renovation Summary by:

- Calling: _____
- Emailing: _____
- Or picking up a copy in the following location: _____

Certified Renovator (Print Name)

Certified Renovator (Signature)

Date

WARNING

LEAD WORK AREA

POISON

NO SMOKING OR EATING