

# Record Sheet for Lead Paint Tests

## Property Owner Information

Name	_____		
Address	_____		
City	State	ZIP	_____
Phone	_____		
Email	_____		

## Company Information

Name	_____		
Address	_____		
City	State	ZIP	_____
Phone	_____		
Email	_____		
Employee's name	_____	Certification date	_____

## Test Kit Information

Manufacturer	_____		
Product name	_____		
Lot N°	Expiration date	_____	

## Occupant Information

Name	_____				
Test site address	_____				
City	_____	State	_____	ZIP	_____

## Test Records

Test location	_____	Date	_____
Test location details	_____		
Result	No lead detected <input type="checkbox"/>	Positive for lead	<input type="checkbox"/>

Test location	_____	Date	_____
Test location details	_____		
Result	No lead detected <input type="checkbox"/>	Positive for lead	<input type="checkbox"/>

Test location	_____	Date	_____
Test location details	_____		
Result	No lead detected <input type="checkbox"/>	Positive for lead	<input type="checkbox"/>

Test location	_____	Date	_____
Test location details	_____		
Result	No lead detected <input type="checkbox"/>	Positive for lead	<input type="checkbox"/>

Test location	_____	Date	_____
Test location details	_____		
Result	No lead detected <input type="checkbox"/>	Positive for lead	<input type="checkbox"/>



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