

## LEAD PAINT TESTING & EXEMPTION FORM

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

Customer Name: \_\_\_\_\_

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

**Exemption** (Lead Safe Work Practices Are Not Required) Check all that apply:

- 1978 or Newer     
  No Painted Surfaces Disturbed     
  Interior – Less than 6sf of Painted Surfaces Disturbed  
 Exterior – Less than 20sf of Painted Surfaces Disturbed     
  No Demo/Prohibited Practices/Windows Replaced

**Testing**

Date of Test: \_\_\_\_\_

EPA Recognized Test Kit or Method Used:

- D-Lead Test Kit     
  3M Lead Check Swabs     
  NLLAP Certified Lab (paint chip sampling/attach report)

Lot Numbers / Serial Numbers of Kit(s) Used: \_\_\_\_\_

Test Location		Test Results – Is Lead Present?		
1		Yes	No	Presumed
2		Yes	No	Presumed
3		Yes	No	Presumed
4		Yes	No	Presumed
5		Yes	No	Presumed
6		Yes	No	Presumed
7		Yes	No	Presumed
8		Yes	No	Presumed
9		Yes	No	Presumed
10		Yes	No	Presumed

Lead Safe Work Practices (choose one):      **Will be Required**      **Will Not be Required**

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

\_\_\_\_\_  
 Certified Renovator's Name / Date Certified)      Signature      Date

NOTE: Provide Copy to Client – within 30 Days of Job Completion / Copy to File – Keep for 3 Years