

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 Painted Surfaces Disturbed per room
 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/Luxfer LeadCheck 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