



D-LEAD[®] PAINT TEST KIT RECORD KEEPING

PROPERTY OWNER INFORMATION

NAME OF OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT #: (____) _____

E-MAIL: _____

RENOVATOR INFORMATION

CERTIFIED FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT #: (____) _____

EMAIL: _____

CERTIFIED RENOVATOR NAME: _____ DATE CERTIFIED: _____

TEST KIT INFORMATION

MANUFACTURER: _____

PRODUCT NAME: _____

PART/PRODUCT #: _____

LOT #: _____ (A) EXP. DATE: _____

LOT #: _____ (B) EXP. DATE: _____



ESCA Tech, Inc. Ph: 877-877-6590
 3747 North Booth Street Fax: 414-962-7003
 Milwaukee, WI 53212 www.esca-tech.com

Reducing Lead Contamination and Blood Lead Levels Since 1979



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OCCUPANT NAME: _____

RENOVATION SITE ADDRESS: _____ UNIT #: _____

CITY: _____ ST: _____ ZIP: _____

TEST LOCATION #: _____ DATE OF TEST: _____ LOT: A OR B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) NO LEAD DETECTED **LOW LEAD**
(LEAD PRESENT - BELOW US EPA REGULATED LEAD) POSITIVE FOR LEAD

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