

Paint Chip Sample Collection Guide

October 2011

**Remodeling, Repair and Painting
Sample Paint Chip Collection Form**

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Name of Owner/Project: _____
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 ____/____/____

Paint Chip Sample Information

For each sample collected, fill out all of the following information

Sample Identifier: _____
Sample Collector Name: _____
Sampling Location: _____
Sampling site description: _____ Date of Collection: ____/____/____
Sample Dimensions (cm): _____ Calculate Sample Area (cm²): _____
NLLAP-recognized entity and location: _____
Submission date: ____/____/____ Results: _____ Result Date: ____/____/____

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