Tape and Patch Test Results Form

Lead Inspection done by:

_____

Name License # Date

Address where encapsulants will be applied:

_____

Street Apt. Number City State Zip

Note: Information for the first three columns must be transferred from the Lead Inspection form supplied by the inspector.

Room	Side	Surface	X-cut Tape Test	Visual Patch Test	X-cut Tape Test on Patch	Encapsulant used Cert.#/Lot #

Authorized Person's Signature_____ Date: _____

X-cut Tape Test
Pass: 1/16" or less from the "X"
Fail: more than 1/16" from the "X"

Visual Patch Test
Pass: 10% or less is defective
Fail: more than 10% is defective

X-cut Tape Test on the Patch
Pass: 1/2" or less removed
Fail: more than 1/2" removed

If you will need more space to record test results, photocopy this sheet or call 800-532-9571 and one will be mailed to you.