

Tape and Patch Test Results Form

Information for the columns must be transferred from the Lead Inspection form. Lead Inspection done by:

Name _____ License # _____ Date of Inspection _____

Address where encapsulants will be applied (record **exactly** the same as on inspection report):

Street _____ Unit# _____ Town/City _____ Zip _____

Location (Circle)	Side (Circle)	Surface Make Sure Encapsulants Ruled Out Box is NOT <input checked="" type="checkbox"/>	Is the Surface Circled L for Loose on the Report? If Yes Record Lic # of MR, OM, AM, or Deleader Who Made Intact	X-cut Tape Test (Circle)
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Rm #__ Kit. Pantry Bath #__	A B C D	Window Sill		Pass or Fail
Exterior Porch Garage (circle)	A B C D	Window Sill		Pass or Fail
Exterior Porch Garage (circle)	A B C D	Window Sill		Pass or Fail
Exterior Porch Garage (circle)	A B C D	Window Sill		Pass or Fail

Patch Test Results (1 per room)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Patch Test Results (1 per room)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Patch Test Results (1 per room)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Authorized Person's Signature _____ Auth # _____ Date: _____

Inspector Signature (If performed X-Cuts) _____ Lic# _____ Date: _____

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.

Tape and Patch Test Results Form

Information for the columns must be transferred from the Lead Inspection form. Lead Inspection done by:

Name _____ License # _____ Date of Inspection _____

Address where encapsulants will be applied (record **exactly** the same as on inspection report):

Street _____ Unit# _____ Town/City _____ Zip _____

Location (Circle)	Side (Circle)	Surface Make Sure Encapsulants Ruled Out Box is NOT <input checked="" type="checkbox"/>	Is the Surface Circled L for Loose on the Report? If Yes Record Lic # of MR, OM, AM, or Deleader Who Made Intact	X-cut Tape Test (Circle)
Exterior Porch Garage (circle)	A B C D	Hand Rails		Pass or Fail
Exterior Porch Garage (circle)	A B C D	Rail Caps		Pass or Fail
Hall/Staircase #	A B C D	Hand Rails		Pass or Fail
Hall/Staircase #	A B C D	Hand Rails		Pass or Fail
Hall/Staircase #	A B C D	Hand Rails		Pass or Fail
Hall/Staircase #	A B C D	Hand Rails		Pass or Fail
Hall/Staircase #	A B C D	Hand Rails		Pass or Fail
Hall/Staircase #	A B C D	Rail Caps		Pass or Fail
Hall/Staircase #	A B C D	Rail Caps		Pass or Fail
Hall/Staircase #	A B C D	Rail Caps		Pass or Fail
Hall/Staircase #	A B C D	Rail Caps		Pass or Fail
Hall/Staircase #	A B C D	Rail Caps		Pass or Fail

Patch Test Results (1 per area)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Patch Test Results (1 per area)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Patch Test Results (1 per room)	Room/ Area	Side	Surface	Visual Patch Test (circle)	X-cut Tape Test on Patch (circle)	Encapsulant used Cert.#/Lot #
		A B C D		Pass or Fail	Pass or Fail	

Authorized Person's Signature _____ Auth # _____ Date: _____
 Inspector Signature (If performed X-Cuts) _____ Lic# _____ Date: _____

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.