

# Testing for Lead in Paint or Varnish

Questions? Call (608) 243-0357

## When should I test for lead in paint and varnish?

Lead is a poison. You should test for lead if your home or apartment was built before 1978 if:

- You have peeling or chipping paint
- You have windows, floors, and doors that may have paint dust
- You are going to paint or remodel surfaces with old paint or varnish

## Sample Collection

You can collect a sample from any surface, including furniture.

1. Collect one or more paint or varnish chips so the total is equal to the size of a quarter. Include all layers of paint or varnish without any of the wood, plaster etc.
2. Place each quarter-sized sample in a clean plastic bag and seal. **Do not** mix chips from different surfaces or locations. Treat each paint chip as a different sample.
3. Label each bag with the following information:
  - Your name
  - Address
  - Phone number
  - Location paint chip was found (example: interior windowsill)
  - Surface type (example: exterior siding)
4. Complete this form
5. Mail or deliver samples, completed form, and payment to the address below.

## Cost

- \$40 per sample
- We accept cash, or check made out to City Treasurer.

### Mail sample and payment to:

Public Health Madison and Dane County  
ATTN: Laboratory  
210 Martin Luther King Jr Blvd **RM 507**  
Madison WI 53703

(We cannot be responsible for cash payment sent through the mail.)

### Sample Drop Off:

**Monday - Friday 8:00AM to 2:00PM**

Public Health Office  
City County Building  
210 Martin Luther King Jr Blvd, room 507  
Madison, WI 53703

## Results

Results are usually available in ten business days after we get your sample. Rush orders (results in 5 working days) might be available. Call about availability and fee before mailing or dropping off samples.

**Please complete the form on the back of this page and submit with your samples. Thank you.**

# Chain of Custody Form – Lead in Paint

Complete this form and submit it with your sample. NOTE: shaded areas for lab use only.

(Name): \_\_\_\_\_ Address Sampled: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do children six years old or younger live at this address:  Yes  No

Sample Taken From:  House  Apartment

Send Report To:  Address Above  Address Below  Email  Email and US Mail

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Testing Information:

Sampling Date: \_\_\_\_\_

Surface(s) Sampled: (garage – ext siding, window sill – child’s bedroom, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Total Cost:	Amount Paid:
\$ _____	\$ _____

How long have you lived at this address? \_\_\_\_\_ years

How did you hear about our lab’s testing services? \_\_\_\_\_

**Complete this section when you return your samples** Note: By signing this document you certify that sample(s) are as described on this sheet and the sample container.

Relinquished by	Date	Time	Received by	Date	Time

Lab Chain of Custody Number: \_\_\_\_\_

Lab Sample Number: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_