Multifamily Housing: Component Type Report

Address/Unit No. _____

_____

Date _____ **XRF Serial No.:** _____

Inspector Name _____ **Signature** _____

Description	Number of readings	Positive		Inconclusive				Negative		Comp Type Classif.
				Low		High				
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	

2012 Revision **Form 7.6**

*** Lower Boundary:** _____ **Upper Boundary:** _____ **Midpoint:**