

Florida Short Term Radon Test Project Data Sheet

Start test before expiration date on device or result will be invalid. *Indicates the information which must be provided to comply with FL DoH regulations. Failure to complete will delay reporting!

*Tester Name Placing Devices : _____
 *Tester Name Retrieving Devices: _____
 *(circle one) **Owner or Certified Tester**

*Certified Tester # _____ *Signature _____
 *Certified Tester # _____ *Signature _____

Send Written Report To:

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Telephone # _____ Email _____

Property Tested:

*Site Name or Owner _____
 *Test Address _____
 *City _____ *County _____ State _____ *ZIP _____
 *Age of Building: _____ *Year Built: _____
 * # of Stories of Bldg: _____ *# of Stories Occupied: _____
 *# of Buildings on Property: _____ *# of Buildings Tested: _____

Lab Use Only	Device #	*Start Date	*Stop Date	*Start Time AM/PM	*Stop Time AM/PM	*Building#	*Unit #	*Floor Tested	*Name of Room	*Duplicate Blank or Standard	Lab Use Only

Additional Building & Test Information

***Building Type #1** (circle one) Unattached Attached Residential ***Building Type #2** (Circle one) Multi Level Single Level ***Structure Type** (circle one) Basement Crawlspace Slab on Grade Pier Other
 ***Test Purpose** (circle one) Initial Screening Pre Mitigation Post Mitigation Real Estate Transaction Follow Up
 ***Closed House Conditions** Present at Start of Test? YES or NO Present at End of Test? YES or NO
 ***Indoor Conditions** (circle two) Cool (<65°F) Normal Hot (>75°F) Dry(<25 % rH) Normal Humid (>60 % rH)
 ***Cooling System:** (circle one) Central AC Room AC Window Fan Attic Fan Other ***In Use:** Yes No ***Heating System** (circle one) Gas Electric Wood SpaceHeat ***In Use** Yes No



Send Test Devices To Radon Lab, 2 Saber Way, Ward Hill MA 01835 Fax: 508-533-8831
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