

INSTRUCTIONS FOR SHORT TERM RADON TESTING IN NEW JERSEY

Start test before expiration date on device or result will be invalid.

AccuStar Labs has developed these instructions according to NJ Department of Environmental Protection regulations. These instructions must be followed correctly in order to receive valid test results. All the information requested on the Data Sheet is mandatory. If you have questions about these instructions, call AccuStar Labs at 888-480-8812 before you begin the test

*Professional testers using AccuStar Labs test kits must be certified by NJ DEP and affiliated with AccuStar prior to testing.
Certified testers must perform the required monthly amount of QC tests and must report these to AccuStar each month.*

Prepare to Test under Closed House Conditions

It is very important to maintain "closed house conditions" for twelve hours before you start the test and during the entire testing because ventilation can increase or decrease radon levels in unpredictable ways. Keep all windows and doors closed except for normal entry and exit. Run Heating/Central Air Systems normally. Operate Air Conditioners (window units) in re-circulation or vent closed mode. DO NOT use attic and window fans, fireplaces and wood stoves (unless they are the primary heat source) for the duration of test.

TEST RESULTS WILL BE INVALID IF CLOSED HOUSE CONDITIONS ARE NOT MAINTAINED.

Select the Test Location and Place the Device

- In the lowest livable level of the home that is used, or could be used, as a living space. This would include, for example, a 1st floor without a basement, and a finished or unfinished basement, but not a crawl space.
- In a location where it will not be disturbed.
- At least 20 inches from floor, at least 4 inches away from other objects and at least 36 inches away from doors, windows or other openings to the outside. The tests only need to be placed 1 foot away from exterior walls that have no openings. It should be in the general breathing zone.
- Attic and window fans, fireplaces and wood stoves (unless they are primary heat source) should not be used for the duration of the test. They will affect air pressure in the house, which will in turn affect radon concentrations.
- Air conditioners can be used if it circulates inside air rather than bringing in air from the outside.

Test kits should NOT be placed:

- In areas exposed to direct sunlight, drafts, high heat or high humidity; or
- In kitchens, bathrooms, laundry rooms or closets.

How to Perform the Test

Do not open the device until you are ready to test. AccuStar recommends a 48 hour exposure.

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1. Remove the lid from the device.
2. Record the Serial Numbers from the device. RECORD THE OPEN DATE AND TIME ON THE DATA SHEET. INCLUDE AM OR PM. Sign the Data Sheet.
3. Place device on hard surface with open side up in the selected location. Save the package for returning the device.
4. After the recommended 48 hours, close the device. For canisters, replace the vinyl tape around the seams. If the vinyl tape is lost, use electrical tape to seal. **Do not expose the device for more than 96 hours or results will be invalid.** RECORD THE CLOSE DATE AND TIME ON DATA SHEET. INCLUDE AM OR PM. Sign the data sheet. **Two signatures are required.**
5. ***You must provide ALL information on the Data Sheet in order to receive results. Any corrections or additions to the data sheet must be sent to us in writing, by fax or email. An Amended report will be issued within 5 business days. Same-Day Amended Test Reports can be issued for an additional fee payable by credit card.***
6. Keep a copy of the Data Sheet for your records and return original with device to lab. Make sure package is sealed for mailing.
7. **WE MUST RECEIVE DEVICE WITHIN 8 DAYS FROM CLOSING DATE AND TIME.** *Most kits mailed to lab arrive within 3-5 days. However, 1st Class Mail delivery is not guaranteed. If you need guaranteed delivery we recommend that you use UPS, FEDEX or Express Mail. If delivery is delayed more than 8 days NO results will be available. AccuStar is not responsible for delivery delays and will not replace kits.*

If Your Kit has 3 Devices

The extra devices in your kit are required by NJ DEP. **Place three devices side by side, 4 inches apart, in the selected test location. OPEN 2 DEVICES AND LEAVE ONE "BLANK" DEVICE CLOSED. Fill in appropriate spaces for these devices on data sheet, complete test and return all 3 devices to AccuStar.**

Street Address 2 Saber Way, Ward Hill MA 01835 Mailing Address PO Box 3008 Haverhill, MA 01831
Fax: 508-533-8831

Fax: 508-533-8831

MEB# 90122 MES# 11135 LAB# MA004

InspectUSA.com/results

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NEW JERSEY SHORT TERM RADON TEST DATA SHEET

Start test before expiration date on device or result will be invalid.

Read and follow all instructions. Keep a copy of this Data Sheet for your records.

Send Report To

Property Owner Name _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone # _____

Email _____

Property Tested

Site Name or
Owner Name _____

Street Address _____

City _____ State ____ ZIP _____

County _____

Name of Municipality _____

Building and Test Site Information

Building Type: (Circle One) Residential - Non Residential - Day Care - Day Care in Public School – School*

*School Code # _____ Certified School Personnel # _____ Room Name _____ Room # _____

Note: School Code # is available online at <http://www.state.nj.us/education/>. If placing more than one device in a school please call AccuStar for an NJ School Packet.

Structure Type: (Circle All That Apply) Basement - Crawlspace - Slab on Grade - Other

Test Purpose: (Circle All That Apply) Initial Screening - Real Estate Transaction* - Post Mitigation

*Real Estate Transactions – If buyer or seller have hired an NJ DEP certified tester, neither the homeowner, buyer, nor the agent can perform any parts of the radon test, including: closing the test, picking it up, or sending it to the laboratory.

Floor Tested: (Circle One) Basement - 1st Floor - 2nd Floor **Name of Room Tested:** _____

Closed House Conditions: (Circle Two) Present at start of test? Yes - No Present at end of test? Yes - No

Weather: (Circle Two) Raining? Yes - No Windy? Yes - No

Temperature: (Check One or Record Actual) Cold (<65°F) Normal Hot (>75°F) Actual [____]

Humidity: (Check One or Record Actual) Dry (<25% rH) Normal Humid (>60% rH) Actual [____]

Device Serial # _____ **Serial #** _____ **Serial #** _____
(Standard Test) (Duplicate Device if purchased) (Test Site Blank if purchased)

DO NOT OPEN

WERE THE DEVICES PLACED SIDE BY SIDE, 4 inches apart? (Circle One) Yes - No

Date Devices Opened ____/____/____ **Start time** ____:____ **AM/PM**
(Circle One)

Date Devices Closed ____/____/____ **Stop time** ____:____ **AM/PM**
(Circle One)

**48 Hour Exposure
Recommended**

Person Placing the Devices: _____/_____

* (Circle either Homeowner or Professional Tester) Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #

Person Retrieving the Devices: _____/_____

* (Circle either Homeowner or Professional Tester) Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #

Questions or comments concerning the information required should be directed to NJ DEP 609-984-5425. (Reg. N.J.A.C. 7:28-27.33)

RADON LAB

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