

New Jersey Radon Test Data Sheet for Projects, Large Buildings or Schools

Start test before expiration date on device or result will be invalid. All information must be provided. Test Results will not be reported if any information is missing.

Person Who Placed the Devices: _____ / _____
 (Name) (Company)

Who Retrieved the Devices: _____ / _____
 (Name) (Company)

NJDEP Tester # _____
Signature _____
 (Circle one) Owner or Certified Tester?

Date _____

SCHOOL PERSONNEL EXEMPTION NUMBERS - Only trained school personnel with NJDEP Exemption Numbers may place or retrieve devices.

School Contact Name _____ Phone _____ **NJ School Testers: Refer to Fact Sheet for School Staff**
 Person Placing Exempt # _____ Person Retrieving Exempt # _____ **www.nj.gov/dep/rpp/radon/download/sr_fsss.pdf**

Send Written Report To:

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

Property Tested:

Project Number: _____
 School Code: _____
 Site Name or Owner _____
 Test Address _____
 City _____ State _____ ZIP _____
 County _____ Municipality _____

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

Additional Building & Test Information

***NJ DEP Requires 10% Duplicates and 5% Test Site Blanks**

Building Type (Circle one) Residential - Non Residential - Day Care - Day Care in Public School - School

Structure Type (Circle one) Basement - Crawlspace - Slab on Grade - Other

Test Purpose (Circle all that apply) Initial Screening - Real Estate Transaction - Post Mitigation

Closed House Conditions (Circle two) Present at Start of Test? YES or NO Present at End of Test? YES or NO

Weather (circle two) Rainy? YES or NO Windy? YES or NO

Indoor Conditions (Circle two) Cool (<65°F) - Normal - Hot (>75°F) / Dry (<25 % rh) - Normal - Humid (>60 % rh)

Normal Building Operating Conditions? YES or NO



Send Test Devices and Form To: **Radon Labs 2 Saber Way, Ward Hill, MA 01835**

NJ MEB 90122 NJ MES 11135 NJ LAB MA004 Fax: 508-533-8831