

Radon Testing Corp. of America
2 Hayes Street
Elmsford, NY 10523
Phone: (914) 345-3380

Radon Testing Summary Sheet

Please fill out all pertinent information legibly

Mailing Address:

Contact: _____

Company\Agency\Board of Ed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Building/School Information:

School District: _____

School Code Number: _____

County: _____ Municipality: _____

Building/School Name: _____

Test Location Street Address: _____

Start Date: _____ Stop Date: _____

Weather During Testing: _____

Total # detectors for this building: _____

NJ Testers Performing Tests in their state only:

NJDEP ID #: _____ Building Type Code: Day Care Residential Non-residential
School Public School Unknown

Structural Type of the Building: Basement Crawlspace Slab-on-grade Other Unknown

Purpose of Test: Standard Real Estate Duplicate Blank Post Mitigation

Test Conditions: Open House Closed House Rainy Windy Unknown

Instructions: Tear off center bar coded label from canister and affix to sheet in spaces provided. Please make sure top bar coded label is left on detector. Identify test location for each detector in space provided for that detector (room #, location in room, etc.) Use additional sheets as necessary. Please mark clearly if any detector is missing or damaged at retrieval.

Start Time: _____ Stop Time: _____ Duplicate? _____

Room # or other identifier: _____

Blank? _____ Floor: _____

Start Time: _____ Stop Time: _____ Duplicate? _____

Room # or other identifier: _____

Blank? _____ Floor: _____

Start Time: _____ Stop Time: _____ Duplicate? _____

Room # or other identifier: _____

Blank? _____ Floor: _____

Start Time: _____ Stop Time: _____ Duplicate? _____

Room # or other identifier: _____

Blank? _____ Floor: _____

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Start Time: _____ Stop Time: _____ Duplicate? _____

Room # or other identifier: _____

Blank? _____ Floor: _____
