

PRIOR NOTICE OF INSPECTION/NON-INTERFERENCE AGREEMENT

(Your company name)

Dear Occupant or Authorized Representative,

This radon test can help ensure healthy conditions in your home. **It is important that required closed-building conditions be maintained.** Any test interference that is detected will be documented in the report and may nullify the test results

Property Location _____

Test Device Placement Date: _____ Test Device Pick-Up Date: _____

CLOSED-BUILDING PROTOCOL REQUIREMENTS	
For tests of less than 4 days, closed-building conditions are required to begin 12 hours prior to the test. MAINTAIN CLOSED-BUILDING CONDITIONS THROUGHOUT THE TEST PERIOD.	
Windows	Keep closed <i>on all levels of the building including areas not being tested</i>
Exterior doors (except for momentary entry and exit)	
Heating and cooling systems	Set to normal <i>occupied operating conditions with normal temperatures between 65° and 80°F</i>
Systems that temporarily ventilate with outdoor air for seasonal comfort or energy savings	Set to the lowest ventilation condition that occurs for any season
Whole-house fans	Do not operate
Fireplaces including those that burn solid, liquid, or gas fuels unless they are the primary/normal sources of heat for the building	
Clothes dryers, range hoods and bathroom fans	Avoid excessive operation
Do not disturb test devices. The detectors cannot be moved, covered or have their performance altered during the test.	

Please sign this form and add any comments to help ensure accurate tests:

To the best of my knowledge, the required conditions were kept prior to & during the test.

Signature _____ **Date:** _____

Comments if any: _____

We thank you for your cooperation in ensuring that this test contributes to a safe and healthy home.

Sincerely, _____ Phone () _____

(your company name)

(company phone)