

INSTRUCTIONS FOR LONG TERM RADON TESTING IN NEW JERSEY

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

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.

1. WHAT THIS PACKAGE CONTAINS

This package is used to test radon in air for three months to one year. It contains:

- These instructions with Data Sheet attached
- Return mailer
- Black alpha track type device sealed in clear bag

DO NOT OPEN THE BAG UNTIL YOU ARE READY TO TEST.

2. CHOOSE THE ROOM TO TEST

The NJ Department of Environmental Protection (NJ DEP) recommends you test the lowest level of the house that is regularly used or could be used as a living space. Do not test in the kitchen, laundry area, bathroom, crawl space, furnace room or closet.

3. START THE RADON TEST

- a. **Start test before expiration date on device or result will be invalid.** When you are ready to begin test, cut or tear open the clear bag that contains the black device. As soon as you open the bag the device is "on" and the test has begun.
- b. **Write the Device Number(s)** on the Data Sheet.
- c. **Write the date** you start the test in the Start Date section on the Data Sheet.
- d. **Sign the Data Sheet.**

4. PLACE THE RADON DEVICE(S)

Hang or place the device(s) at least twenty inches from the floor, three feet away from exterior doors or windows and at least four inches from other objects. Leave the device(s) in place and undisturbed for three to twelve months.

5. END THE RADON TEST

- a. After at least three months, **write the Test End Date** and other required information on the Data Sheet.
- b. Fill out the Data Sheet completely. All the information is mandatory. If information is not provided, you will not receive results.
- c. **Sign the Data Sheet. Two signatures are required.**
- d. **Write your return address** on the return mailer.

6. RETURN THE DEVICE(S) TO THE LABORATORY IMMEDIATELY

Make sure the Data Sheet is complete. Any corrections or additions to the data sheet after we receive the devices must be sent to us in writing, by fax or email. **Same-Day Amended reports can be issued for a \$20.00 service fee.**

Keep a copy of the Data Sheet with the device number(s) on it for your records. Slip the data sheet and the device(s) into the mailer. Enclose \$10 payable to AccuStar for NJ DEP administrative costs. Seal the mailer, affix proper postage and drop it in the mail.

If Your Kit Has 3 Devices

The extra devices in your kit are required by NJ DEP.

- a. **Place three devices side by side**, 4 inches apart, in the selected test location.
- b. **OPEN THE BAGS FOR 2 DEVICES AND DO NOT OPEN THE BAG FOR THE 3RD DEVICE.**
- c. Fill in appropriate spaces for these devices on the data sheet, complete the test and return all 3 devices to AccuStar.



Street Address 11 Awl Street, Medway, MA 02053 **Mailing Address** P. O. Box 158, Medway, MA 02053

Tel: 888-480-8812 or 508-533-8812 Fax: 508-533-8831

MEB# 90122 MES# 11135 LAB# MA004

www.accustarlabs.com

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NEW JERSEY LONG TERM RADON TEST DATA SHEET

All information and \$10 Fee must be provided.

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

Start your test before the expiration date shown on test device or your test results will be invalid.

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 One) Basement - Crawlspace - Slab on Grade - Other

Test Purpose: (Circle All That Apply) Initial Screening - Follow-Up Test - 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:** _____

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 ____/____/____ **Date Devices Closed** ____/____/____

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)



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