

AccuStar Labs

FLORIDA - SHORT TERM TESTING INSTRUCTIONS FOR RADON MEASUREMENT - LARGE BUILDINGS/AREAS- COMPLEXES, ETC

IMPORTANT NOTICE CERTIFIED FLORIDA RADON TESTERS: FLORIDA DOH REQUIRES THAT CERTIFIED TESTERS BE AFFILIATED WITH ACCUSTAR LABS PRIOR TO USING THEIR PRODUCTS. WE CANNOT REPORT RESULTS IF YOU ARE NOT AFFILIATED WITH MEB#2125.

Read all instructions completely before starting tests.

Failure to follow instructions and to fill out **ALL** information will prohibit analysis. If you have any questions call AccuStar Labs before you begin measurement. 800-523-4964.

Scheduling: Prepare for testing

1. INCLUDE 10% DUPLICATES AND 5% FIELD BLANKS
2. Tests should not be conducted during severe weather conditions, such as storms with high winds or barometric changes. Check your local weather forecast to ensure measurement is scheduled during satisfactory weather conditions.
3. Tests should not be conducted while building is undergoing remodeling or other modifications, including HVAC system modifications. Do not expose to direct sunlight, drafts, high heat or humidity.
4. Closed house/building conditions must be maintained. All windows and external doors should remain closed (except for brief opening of doors necessary for normal entry and exit) **FOR 12 HOURS PRIOR TO AND DURING MEASUREMENT PERIOD.**
RESULTS WILL BE INVALID IF CLOSED HOUSE CONDITIONS ARE NOT MAINTAINED.
5. Air *exchange* systems (other than furnaces) should not be operating for 12 hours prior and during testing.
6. **ACCUSTAR LABS RECOMMENDS 48 HOURS EXPOSURE.**
Exposure of less than 48 hrs. or more than 96 hrs. will invalidate results.

Placement

1. As a guideline, the canisters should be placed at a minimum of one canister per every 2000 square feet of open space.
2. Do NOT place canisters in bathrooms, kitchens, boiler rooms, closets or storage areas. Place canisters in the lowest regularly used area of structure, exposed to the air people breathe.
3. Keep canisters away from excessive heat, outside walls, and/or drafts caused by HVAC vents, windows, doors, direct sunlight and high humidity.

Starting the Test

1. Remove the vinyl tape and lid from canister, place lid on bottom of canister and using tape attach lid to bottom, this way the can and lid will always correspond, and tape will not be misplaced. Do not let the tape pick up any debris; tape must be used to re-seal the can.
2. Record the serial number and the test site information on the information forms provided. (Missing information will prohibit analysis). *Information forms other than the ones provided must be pre approved to receive priority status and timely results.*
3. Record the start date and complete start time (including AM or PM) **Sign data sheet.**
4. Florida testers must provide a Florida-DOH Certification Number. Certified testers must completely perform all testing procedures (place/retrieve and ship canisters).
5. Place the canisters open side up, exposing it to the air. Do not cover or block canisters. Keep at least 4 inches from other objects. At least 2 feet off the floor and 1 foot from ceiling.
6. **Inform clients of testing conditions and protocols.** Discrepancies should be documented.

Important Note: Missing or incorrect exposure information (dates or times) may be recalculated if information is provided in a timely manner. If a recalculation is requested, there will be a \$10.00 recalc fee per canister. Payment- Pre Paid-MC/VISA/AMEREXP – Results may still be non-certified due to other discrepancies. Please check in advance before requesting a recalculation.

Ending the Test

1. After exposing the canisters 48 hours (exposure limit is 96 hours), replace the lid and completely re-seal the canister with the vinyl tape (use electrical tape if vinyl tape is misplaced.) **The canister must be re-taped around the seam the same as when it was opened.**
2. Record the stop date and complete time (including AM or PM). **Sign Data Sheet.**
3. **Make sure ALL information is completely filled out. Missing information will prohibit analysis. Make sure both signatures are provided.**

Returning Canisters for Analysis (we recommend you make copies of information forms for your records)

1. Place 1 to 10 canisters in plastic sleeve provided or other plastic bags. Include the corresponding information form.
2. *Please do not just throw large amounts of canisters in box, keep them separated with info sheets. Loose canisters will cause a delay with your results.*
3. Make sure completed corresponding paperwork accompany canisters.
 - We will not call for missing information. (If a recalculation is requested due to missing or incorrect *exposure dates or times* there is a \$10.00 recalc fee per canister.)
 - **CHECK THAT ALL INFORMATION IS COMPLETED-CIRCLED-ETC. WE WILL NOT REPORT RESULTS IF ANY INFORMATION IS MISSING.**
4. **MAIL CANISTERS IMMEDIATELY – LABORATORY MUST RECEIVE CANISTERS WITHIN 8 DAYS AFTER SEALING. A DELAY WILL PROHIBIT ANALYSIS!**

- Check List
- Satisfy measurement conditions - follow placement instructions.
- MAKE SURE REQUIRED AMOUNT OF DUPLICATES AND BLANKS ARE INDICATED.
- Remind client to maintain proper testing conditions.
- Expose canisters the recommended 48 hours. NO less than 48. NO more than 96 hours.
- Seal detectors completely around canisters seam with vinyl tape.
- MAKE SURE ALL INFORMATION IS PROVIDED.
- Make sure canisters are separated and information forms accompany corresponding canisters.
- Ship IMMEDIATELY to AccuStar Labs. Canisters must be received within 8 days for analysis.

Shipping Address (UPS-FedEx-Etc)
929 Mt. Zion Road
Lebanon, PA 17046

Mailing Address (Post Office Delivery)
PO Box 562
Jonestown, PA 17038

ACCUSTAR LABS

800-523-4964 Tel. 717-274-8310 Fax 717-274-5662

Email pasales@accustarlabs.com

Questions or comments concerning the information required should be directed to Florida-DOH (1-800-543-8279)

Limitation of Data and Liability – We maintain all data and other information strictly confidential and will not release it to other than Authorized Representatives of AccuStar Labs, without specific permission from the customer except where required by law. Information may be included in reports to the public but without reference to specific names/addresses. We do not accept responsibility for financial or health consequences of subsequent action taken by our customer or his consultants as a result of this analysis and sampling. We make NO warranty of any kind, express or implied for the consequences of erroneous test results. Neither AccuStar Labs, nor any of its employees or agents shall be liable under any claim, change or demand whether in contract, tort or otherwise, for any and all loss, cost, charge, claim demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from or sustained as a result of any radon testing requests. Test kits are analyzed by AccuStar labs using the information provided by the customer/tester. AccuStar Labs is not responsible if correct information is not provided or if test instructions/procedures were not followed.

FLORIDA INFORMATION FORM - LARGE BUILDINGS - APARTMENTS ETC.

Information on this form is required by Florida Dept of Health - Failure to complete will prohibit analysis. *Closed house/building conditions must be maintained as instructed to receive results.

Test Site Info

Building Name _____
 Street Address _____
 City _____ State _____ Zip _____
 County _____ Twp/Boro _____
 Owner or Assignee's Name (Required) _____

SEND RESULTS TO OWNER AND/OR COMPANY

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Detector Serial#	ROOM NAME & NUMBER - LOCATION OF DETECTOR IN ROOM (indicate duplicates and blanks)	Floor	Start Date	Start Time	Stop Date	Stop Time	LAB USE ONLY	
							Wgt. Gain	pCi/L

REQUIRED BUILDING AND TEST SITE INFORMATION

Building Type: (Circle all that apply) Residential - Non Residential - Day Care Homes
 Day Care Center - Foster Care Homes - Public School - Private School
 Other (describe) _____

Structure Type: Single Level Home - Multi Level Home - Townhouse - Apartments
 Other (describe) _____

Foundation: (circle all that apply) Basement - Crawlspace - Slab on Grade
 Other _____

Test Purpose: (circle all that apply) Initial Screening - Follow-Up Test - Five Year Test
 Real Estate Transaction - Post Mitigation

CERTIFIED TESTERS # AND SIGNATURE OR OWNER/ASSIGNEE'S SIGNATURE

Deployed by Owner or Certified Tester- Signature _____ Certified Tester # _____
 Retrieved by Owner or Certified Tester - Signature _____ Certified Tester # _____

Both Deployed by and Retrieved by signatures are required to receive results.

***WERE CLOSED HOUSE/BUILDING CONDITIONS MAINTAINED AS INSTRUCTED: YES NO**

Heating or Cooling Systems at Normal setting during test: Yes No

Age of Building _____ Number of Stories _____

Temperature: check one or record actual ___ Cold <65 ___ Normal ___ Hot >75 Actual _____

Humidity: check one or record actual ___ Dry <25% ___ Normal ___ Humid >60% Actual _____

AccuStar Labs
 Mailing: PO Box 562 Jonestown, PA 17038
 Shipping: 929 Mt Zion Road, Lebanon, PA 17046
 717-274-8310
 MEB RB2125 MES R2004

Florida Radon Test Site Information

Florida Dept of Health requires all this information. Complete this form in addition to the AccuStar Information Form. Return both forms with test canisters.

Phone: 800-533-4964 Fax: 717-274-5662 Email: paradonlab@accustarlabs.com

***Certified Radon Tester:** *If test performed by a Certified Florida Radon Tester*

Print Name _____ FL Certification # _____

Signature _____

* Note: Other than property owner or owner assignee – Anyone performing radon tests must be certified by Florida DOH, and have a current radon testing certificate on file with AccuStar Labs. (Radon Business #2125)

Owner/Manager/Assignee of Property: *If tests performed by Owner or Assignee of property:*

Print Name _____ Title _____

Signature _____

Use of Building: *Circle all that applies*

Private Home, Residential Properties (Apartments, Condos, etc), Non Residential, Assisted Living, Nursing Home, Retirement Community, Foster Care, Day Care Home/Center, Private or Public School.

Other _____

Name of Property or Owner of Property: _____

Test Site Address: _____

(Put individual room name and numbers on the additional AccuStar Info Form)

Number of Buildings located at address: _____ **Number of Buildings tested at address:** _____

Number of Stories: _____ **Number of Stories occupied:** _____

Age of Building : _____ years.

Type of Building: *Circle all that applies*

Unattached

Mobile Home, Single Level, Multi Level, Other _____

Attached

Apartment (Condominium, over/under living unit). Single Level, Multi Level, Row House, Townhouse-Duplex, and

Other _____

Foundation/Floor System: *Circle all that applies*

Slab, Basement, Crawl Space, Pier Other _____

Cooling System: *See instructions for operating procedures*

Central Air, Room A/C- Window Fans, Attic (whole house) fan, other _____

In normal use during test- Yes – No

Heating System: *See instructions for operating procedures*

Electric, Gas, Oil, Woodstove, Fireplace, Other _____

In normal use during test – Yes – No

Were closed house conditions maintained during testing period? Yes – No

(see instructions on maintaining closed house conditions)

Measurement Type: *Circle all that applies*

Initial Test, Follow Up, Pre Mitigation, Post Mitigation, Real Estate Transaction, 5 Year Retest, Simultaneous (duplicates side by side), Sequential Testing