



11 Awl St. Medway MA 02053
888-480-8812 fax 508-533-8831

Send Written Report To:

Property Tested:

Name _____

Name _____

Address _____

Address _____

City State Zip _____

City State Zip _____

E-Mail Address _____

County & Municipality _____

Certification Data

Radon Measurement Technician & Certification # (if required) _____

Tester Signature _____

Test Location Data

Collection Vial Number _____

Sample Collected from Kitchen Sink Outside Tap Other _____

Sample Collection Date: _____ Sample Collection Time: _____

Remove any aeration devices or faucet filters from the tap.
Run the cold water until fresh water is being drawn from the well.
It may take as long as 10 minutes to clear the system. Water that has been sitting in a holding tank or the pipes does not contain as much Radon as fresh well water.

Slowly fill a bowl or deep pan with the spigot underwater if possible. Minimize aeration and splashing.
Submerge the vial and the cap open side up until they fill with water.
While the vial and cap are under water, screw the cap back on tightly.
Lift vial out of water and turn it upside down check for air bubbles.
If there is a bubble or an air space, repeat the process.

Fill out data sheet with name address, vial number and the date and times the sample was collected

We cannot calculate your result without date and time of the sample collection

Mail the sample to the lab immediately. A delay in receipt could invalidate your test.