

# New Jersey Long Term Radon Test Data Sheet

**All information must be provided. Test Results will not be reported if any information is missing.**

Read and follow all instructions on reverse. Keep a copy for your records.

Person **Placing** the Device(s): \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Company Name)

NJDEP Certified Tester # \_\_\_\_\_

Signature \_\_\_\_\_  
(Circle One) Homeowner or Certified Tester?

Date \_\_\_\_\_

Person **Retrieving** the Device(s): \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Company Name)

NJDEP Certified Tester # \_\_\_\_\_

Signature \_\_\_\_\_  
(Circle One) Homeowner or Certified Tester?

Date \_\_\_\_\_

## **Send Report To**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

## **Property Tested**

Site Name or  
Owner Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Name of Municipality \_\_\_\_\_

## **Additional Building and Test Information**

**Building Type** Residential - Non Residential - Day Care - Day Care in Public School - School (see below)  
(Circle One)

*If placing more than one device in a school, please call AccuStar Labs for a NJ School Packet and Project Data Sheet.*

School Code # \_\_\_\_\_ Certified School Personnel # \_\_\_\_\_

School Room Name \_\_\_\_\_ Room # \_\_\_\_\_

*Note: Radon tests performed in schools must include that school's name, code number and detector location info.*

*Code Example: 010010060. Testers can find a list of School Codes online at <http://www.state.nj.us/education/>*

**Structure Type** Basement - Crawlspace - Slab on Grade - Other  
(Circle One)

**Test Purpose** Initial Screening - Real Estate Transaction - Post Mitigation - Duplicate - Blank  
(Circle One)

**NJ Certified Testers:** 10% of all the tests you perform each month must include duplicates and 5% must include test site blanks.

**Floor Tested** Basement - 1<sup>st</sup> Floor - 2<sup>nd</sup> Floor  
(Circle One)

**Name of Room Tested** \_\_\_\_\_

**DEVICE SERIAL NUMBER(S)** \_\_\_\_\_  
Standard Duplicate Test Site Blank Test

**WERE THE DEVICES PLACED SIDE BY SIDE, 4 inches apart?** Yes - No  
(Circle One)

**Date Opened** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date Closed** \_\_\_\_/\_\_\_\_/\_\_\_\_