

New Jersey Short 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 All That Apply)

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 - 1st Floor - 2nd Floor **Name of Room Tested** _____
(Circle One)

Closed House Conditions Present at start of test? Yes - No Present at end of test? Yes - No
(Circle One)

Indoor Conditions Cool (<65° F) - Normal - Hot (>75° F) **Weather** **Raining?** Yes - No
(Circle Two) Dry (<25% rh) - Normal - Humid (>60% rh) (Circle Two) **Windy?** Yes - No

DEVICE SERIAL NUMBER(S) _____
Standard Test Duplicate Test Test Site Blank Test

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

Date Opened ____/____/____ **Start time** ____:____ AM/PM (Circle One)

Date Closed ____/____/____ **Stop time** ____:____ AM/PM (Circle One)



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