

Florida Long Term Radon Test Project Data Sheet (Ward Hill, MA)

*Indicates the information which must be provided to comply with FL DOH regulations. Failure to complete will delay reporting!

*Tester Name Placing Devices: _____ *Certified Tester # _____ *Signature: _____

*Tester Name Retrieving Devices: _____ *Certified Tester # _____ *Signature: _____

*(circle one) Owner or Certified Tester

*Both Placed and Retrieved Signatures are required to receive results

Send Written Report To:

Property Tested:

Company Name _____

*Site Name or Owner: _____

Address _____

*Test Address: _____

City _____ State _____ ZIP _____

*City: _____ *County: _____ *State: _____ *ZIP: _____

Telephone # _____ Email _____

*Age of Building: _____ *Year Built: _____

Additional Emails: _____

*# of Stories of Building: _____ *# of Stories Occupied: _____

*# of Buildings on Property: _____ *# of Buildings Tested: _____

Lab Use Only	Device #	*Start Date	*Stop Date	*Building	*Unit	*Floor Tested	*Name of Room	*Duplicate Blank or Standard	Lab Use Only

Additional Building & Test Information

*Building Type #1 (circle one) Residential Non-Residential Day Care Home Day Care Center Foster Care Home Public School Private School Other _____

*Building Type #2 (circle one) Unattached Attached Residential *Building Type #3 (circle one) Multi Level Single Level *Structure Type (circle one) Basement Crawlspace Slab on Grade Pier Other _____

*Test Purpose (circle one) Initial Screening Pre Mitigation Post Mitigation Real Estate Transaction Follow Up

*Closed House Conditions Present at Start of Test? YES or NO *Present at End of Test? YES or NO

*Indoor Conditions (circle two) Cool (<65°F) Normal Hot (>75°F) Dry (<25 % rH) Normal Humid (>60 % rH)

*Cooling System: (circle one) Central AC Room AC Window Fan Attic Fan Other *In Use: YES or NO *Heating System (circle one) Gas Electric Wood Space Heat *In Use YES or NO

Send Test Devices To: AccuStar Labs | 2 Saber Way, Ward Hill MA 01835 | Tel: 888-480-8812

FL RB2125 FL RB2032 NYNELAP11769

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