



2 Saber Way Ward Hill MA 01835  
888-480-8812

**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**

**1st Device Number** \_\_\_\_\_ **2nd Device Number** (if purchased) \_\_\_\_\_

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. 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. 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 to check for air bubbles. If there is a bubble or an air space, repeat the process. If a double water test was purchased take the 2nd sample from the same location as the first.

Fill out data sheet with **Report To** name, address, e-mail, test address, vial number(s) and the date and time the sample(s) were collected. We cannot calculate your result(s) without the sample collection date and time. **Note:** If information is missing from the datasheet, or if you do not send back the datasheet with the devices, you will receive a report stating that we cannot provide your test results. You may send any missing information to us in writing at a later time (mail, email or fax required) and we will issue an Amended Test Report. **It takes 5 business days to issue an Amended Test Report.** We can issue a Same-Day Amended Report for an additional fee payable by credit card. To issue a Same-Day Amended Report call the lab at 888-480-8812.

Keep a copy of your device number(s) and test address zip code. Results are available with this information by visiting our web-site [www.accustarlabs.com](http://www.accustarlabs.com) or by calling our automated phone line with the device number(s) at 888-404-3144.

LAB USE ONLY