

# INSTRUCTIONS FOR SHORT TERM RADON TESTING IN NEW JERSEY

AccuStar Labs has developed these instructions according to NJ Department of Environmental Protection regulations. **These instructions must be followed correctly in order to receive valid test results. All the information requested on the Data Sheet is mandatory.** If you have questions about these instructions, call AccuStar Labs at 800-523-4964 before you begin the test.

*Homeowners can test for radon themselves or hire a New Jersey certified radon measurement company to perform the test. Professional testers using AccuStar Labs test kits must be certified by NJ DEP and affiliated with AccuStar prior to testing. Certified testers must perform the required monthly amount of QC tests and must report these to AccuStar. Owners signature is required (see data sheet) to waive confidentiality.*

## Prepare to Test under Closed House Conditions

It is very important to maintain “closed house conditions” for twelve hours before you start the test and during the entire testing because ventilation can increase or decrease radon levels in unpredictable ways. Keep all windows and doors closed except for normal entry and exit. Run Heating/Central Air Systems normally. Operate Air Conditioners (window units) in re-circulation or vent-closed mode. **DO NOT** use attic and window fans, fireplaces and wood stoves (unless they are the primary heat source) for the duration of test.

**TEST RESULTS WILL BE INVALID IF CLOSED HOUSE CONDITIONS ARE NOT MAINTAINED.**

## Select the Test Location and Place the Canister

- In the lowest livable level of the home that is used, or could be used, as a living space. This would include, for example, a 1<sup>st</sup> floor without a basement, and a finished or unfinished basement, but not a crawl space.
- In a location where it will not be disturbed.
- At least 20 inches from floor, at least 4 inches away from other objects and at least 36 inches away from doors, windows or other openings to the outside. The tests only need to be placed 1 foot away from exterior walls that have no openings. It should be in the general breathing zone.
- Attic and window fans, fireplaces and wood stoves (unless they are primary heat source) should not be used for the duration of the test. They will affect air pressure in the house, which will in turn affect radon concentrations.
- Air conditioners can be used if it circulates inside air rather than bringing in air from the outside.
- Radon mitigation systems should be running normally.

## **DO NOT PLACE TEST KITS IN THE FOLLOWING AREAS OR RESULTS WILL BE INVALID:**

- **In kitchens, bathrooms, laundry rooms or closets.**
- In areas exposed to direct sunlight, drafts, high heat or high humidity

## How to Perform the Test - Exposure period is 2 to 4 days (48 to 96 hours)

Do not open the canister until you are ready to test. **Do not expose less than 48 hour or test will be invalid.**

1. Remove the vinyl tape from the canister and remove the lid. Put the lid on the bottom of cans and place the tape around to hold lid to canister. This will keep lid and tape from getting misplaced. Do not allow the tape to twist or pick up foreign material.
2. Record the Serial Numbers from the canister lid. **RECORD THE OPEN DATE AND TIME ON THE DATA SHEET. INCLUDE AM OR PM. Sign the Data Sheet.** We cannot report results if data sheet is not signed.
3. Place canister on hard surface with open side up in the selected location. Save the package for returning the canister.
4. When test is completed, close the canister and replace the vinyl tape around the seams. If the vinyl tape is lost, use electrical tape to seal. **Do not expose the canister for more than 96 hours or test will be invalid.** RECORD THE CLOSE DATE AND TIME ON DATA SHEET. INCLUDE AM OR PM. Sign the data sheet. We cannot report results if data sheet is not signed.
5. ***Provide ALL information on the Data Sheet in order to receive results. Any corrections or additions to the data sheet must be sent to us in writing, by fax or email. If device must be recalculated there is a \$10.00 service charge per canister.***
6. Keep the yellow copy for your records; return white copy with canister to lab. Make sure package is sealed for mailing.
7. **MAILTEST KIT IMMEDIATELY. WE MUST RECEIVE CANISTER WITHIN 8 DAYS FROM CLOSING DATE AND TIME.** Most kits mailed to lab arrive within 3-5 days. However 1<sup>st</sup> Class Mail delivery is not guaranteed. If you need guaranteed delivery we recommend that you use UPS, FEDEX or Express Mail. If delivery is delayed more than 8 days NO results will be available. AccuStar is not responsible for delivery delays and will not replace kits.

### **If your package contains 3 radon test canisters -**

**The extra devices in your kit are required by NJ DEP for QA purposes. Read the above instructions then place the three canisters side by side, 4 inches apart, in the selected test location. OPEN 2 CANISTERS AND LEAVE ONE “BLANK” CANISTER CLOSED. Fill in appropriate spaces for these canisters on data sheet, complete test and return all 3 canisters to AccuStar.**



**Street Address** 929 Mount Zion Road, Lebanon, PA 17046 **Mailing Address** P. O. Box 562, Jonestown, PA 17038

Tel: 800-523-4964 or 717-274-8310 Fax: 717-274-5662

MEB# 90122 MES# 11135 LAB# PA955

Office Hours: Monday–Friday 8:30AM to 5:00PM – No Deliveries Saturday, Sunday or Holidays.

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# NEW JERSEY SHORT TERM RADON TEST DATA SHEET

Read and follow all instructions. Keep yellow copy of data sheet for your records. Complete data sheet in full.

## Radon Test Site

Property or Owner Name \_\_\_\_\_

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

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

County \_\_\_\_\_

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

County/Municipality info available at [www.nj.gov/infobank/muni.htm](http://www.nj.gov/infobank/muni.htm).

## Owner Mailing Information

Name \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

## Building and Test Site Information

**Building Type:** *(Circle One)* Residential - Non Residential - Day Care - Day Care in Public School - School\*

\*School Code # \_\_\_\_\_ Certified School Personnel # \_\_\_\_\_ Room Name \_\_\_\_\_ Room # \_\_\_\_\_

*Note: School Code # is available online at <http://www.state.nj.us/education/>. If placing more than one canister in a school please call AccuStar for an NJ School Packet.*

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

**Test Purpose:** *(Circle All That Apply)* Initial Screening - Follow-Up Test - Real Estate Transaction\* - Post Mitigation

\*Real Estate Transactions - If buyer or seller have hired an NJ DEP certified tester, neither the homeowner, buyer, seller nor the agent can perform any parts of the radon test, including: closing the test, picking it up, or sending it to the laboratory.

**Floor Tested:** *(Circle One)* Basement - 1<sup>st</sup> Floor - 2<sup>nd</sup> Floor **Name of Room Tested:** \_\_\_\_\_

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

**Weather:** *(Circle Two)* Raining? Yes - No Windy? Yes - No

**Temperature:** *(Check One or Record Actual)*  Cold (<65°F)  Normal  Hot (>75°F) Actual [\_\_\_\_]

**Humidity:** *(Check One or Record Actual)*  Dry (<25% rH)  Normal  Humid (>60% rH) Actual [\_\_\_\_]

**Canister Serial #** \_\_\_\_\_ **Serial #** \_\_\_\_\_ **Serial #** \_\_\_\_\_  
(Standard Test) (Duplicate Canister if purchased) (Test Site Blank if purchased)

**DO NOT OPEN**

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

**Date Canisters Opened** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Start time** \_\_\_\_:\_\_\_\_ **AM/PM**  
*(Circle One)*

**Date Canisters Sealed** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Stop time** \_\_\_\_:\_\_\_\_ **AM/PM**  
*(Circle One)*

**Person Placing the Canisters:** \_\_\_\_\_ / \_\_\_\_\_  
**Owner Signature OR Professional Tester Signature and NJDEP Certification #**

**Person Retrieving the Canisters:** \_\_\_\_\_ / \_\_\_\_\_  
**Owner Signature OR Professional Tester Signature and NJDEP Certification #**

**Property Owner waives confidentiality of test results by signing here:** \_\_\_\_\_  
(results are reported to property owner only, unless confidentiality is waived) Date \_\_\_\_\_

Questions or comments concerning the information required should be directed to NJ DEP 609-984-5425. (Reg. N.J.A.C. 7:28-27.33)

LAB USE ONLY		Lab Canister#	
Date Received _____	Count Date _____	Wgt Gain _____	Result _____ pCi/L _____
Recalc Date _____	Lab Tech Initials _____	Wgt Gain _____	Result _____ pCi/L _____
Lab comments: _____		Wgt Gain _____	Result _____ pCi/L _____