

INSTRUCTIONS FOR LONG-TERM RADON TESTING IN NEW JERSEY

Start test before expiration date on device or result will be invalid.

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 888-480-8812 before you begin 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 each month.

1. WHAT THIS PACKAGE CONTAINS

This package is used to test radon in air for three months to one year. It contains:

- These instructions with Data Sheet attached
- Return mailer
- Black alpha track type device sealed in a clear bag

DO NOT OPEN THE BAG UNTIL YOU ARE READY TO TEST.

2. CHOOSE THE ROOM TO TEST

The NJ Department of Environmental Protection (NJ DEP) recommends you test the lowest level of the house that is regularly used or could be used as a living space. Do not test in the kitchen, laundry area, bathroom, crawlspace, furnace room, or closet.

3. START THE RADON TEST

- a. Start the test well before the expiration date on device or result will be invalid. When you are ready to begin test, cut or tear open the clear bag that contains the black device. As soon as you open the bag the device is "on" and the test has begun.
- b. Write the Device Number(s) on the Data Sheet.
- c. Write the date you start the test in the Start Date section on the Data Sheet.
- d. Sign the Data Sheet.

4. PLACE THE RADON DEVICE(S)

Hang or place the device(s) at least twenty inches from the floor, three feet away from exterior doors or windows and at least four inches from other objects. Leave the device(s) in place and undisturbed for three to twelve months.

5. END THE RADON TEST

- a. After at least three months, write the Test End Date and other required information on the Data Sheet.
- b. Fill out the Data Sheet completely. All the information is mandatory. If information is not provided, you will not receive results.
- c. Sign the Data Sheet. Two signatures are required.
- d. Write your return address on the return mailer.

6. RETURN THE DEVICE(S) TO THE LABORATORY IMMEDIATELY

Make sure the Data Sheet is complete. Any corrections or additions to the data sheet after we receive the devices must be sent to us in writing or email.

Keep a copy of the Data Sheet with the device number(s) on it for your records. Place the data sheet and the device(s) into the mailer.

If Your Kit has 3 Devices

The extra devices in your kit are required by NJ DEP. Place three devices side by side, 4 inches apart, in the selected test location. Open 2 devices and leave one "blank" closed. Fill in the data sheet, complete test and return all 3 devices to AccuStar.

Limitations of Data and Liability – We maintain all data and other information strictly confidential and will not release it to parties other than Authorized Representatives of AccuStar Labs, without specific permission from the customer except where required by law. Information may be included in reports to the public but without reference to specific names/addresses. We do not accept responsibility for financial or health consequences of subsequent action taken by our customer or his consultants as a result of this analysis and sampling. We make NO WARRANTY OF ANY KIND, EXPRESS OR IMPLIED for the consequences of erroneous test results. Neither AccuStar Labs, nor any of its employees or agents shall be liable under any claim, change or demand whether in contract, tort or otherwise, for any and all loss, cost, charge, claim demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from or sustained as a result of any radon testing requests. Test kits are analyzed by AccuStar Labs using the information provided by the customer /tester. AccuStar Labs is not responsible if correct information is not provided or if test instructions/ procedures were not followed.

Questions or comments concerning the information should be directed to NJ DEP 609-984-5425. (Reg. N.J.A.C. 7:28-7.33)

Send Test Devices and Form To: AccuStar Labs ☆ 2 Saber Way, Ward Hill, MA 01835 ☆ PO Box 3008, Haverhill, MA 01831 ☆
Tel. 888-480-8812 ☆ LAB ID MA004 ☆ NJ MEB90122



NEW JERSEY LONG-TERM RADON TEST DATA SHEET

Start test before expiration date on device or result will be invalid.

Read and follow all instructions. Keep a copy of this Data Sheet for your records.

91 to 365 day exposure

Report To:	Property Tested
Owner Name _____	Property or Owner Name _____
Mailing Address _____	Street Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____	County _____
Email _____	Name of Municipality _____

Device Information

Device #1 _____ Device #2 _____ Device #3 _____

Duplicate (If purchased) (Test Field Blank if purchased)
DO NOT OPEN

Exposure Period

Date Devices Opened _____ / _____ / _____

Person Placing the Devices: _____ / _____

(Circle one) Homeowner Signature OR Professional Tester and NJDEP Certification #

Date Devices Closed _____ / _____ / _____

Person Retrieving the Devices: _____ / _____

(Circle one) Homeowner Signature OR Professional Tester and NJDEP Certification #

Were the Devices Placed Side by Side, 4 inches apart? (Circle One) Yes - No

Building and Test Site Information (circle one of each)

Building Type: Residential - Non Residential - School

If Residential: Single Family - Condominium - Townhouse - Apartment - Other

Structure Type: Basement - Crawlspace - Slab on Grade - Other

Test Purpose: Initial Screening - Follow-Up Test - Real Estate Transaction* - Post Mitigation

*Real Estate Transactions: If buyer or seller have fired an NJ DEP certified tester, neither the homeowner, buyer, 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: Basement - 1st Floor - 2nd Floor - Other _____

Name of Room Tested: _____

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