



# NEW JERSEY SHORT 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.

**Send Report To**

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

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

\_\_\_\_\_

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

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Property Tested**

Site Name or  
Owner Name \_\_\_\_\_

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

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

County \_\_\_\_\_

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

## **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 device in a school please call AccuStar for an NJ School Packet.

**Structure Type:** (Circle All That Apply) Basement - Crawlspace - Slab on Grade - Other

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

\*Real Estate Transactions – If buyer or seller have hired 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:** (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 [\_\_\_\_]

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

**DO NOT OPEN**

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

**Date Devices Opened** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Start time** \_\_\_\_:\_\_\_\_ **AM/PM**

(Circle One)

**Date Devices Closed** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Stop time** \_\_\_\_:\_\_\_\_ **AM/PM**

(Circle One)

**48 Hour Exposure Recommended**

**Person Placing the Devices:** \_\_\_\_\_/\_\_\_\_\_

\* (Circle either Homeowner or Professional Tester) **Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #**

**Person Retrieving the Devices:** \_\_\_\_\_/\_\_\_\_\_

\* (Circle either Homeowner or Professional Tester) **Homeowner Signature OR Professional Tester Signature and NJ DEP Certification #**

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)



**Street Address** 11 Awl Street, Medway, MA 02053 **Mailing Address** P. O. Box 158 Medway, MA 02053

Tel: 888-480-8812 Fax: 508-533-8831

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