New Jersey Long Term Radon Test Data Sheet for Projects, Large Buildings or Schools

Start test before expiration date on device or result will be invalid. All information must be provided. Test Results will not be reported if any information is missing.

NJDEP Tester #								Who <u>Retrieved</u> the Devices:				/		
Signature				(Name)		(Company)					(Name)	(Company)		
(Circle one) Owner or Certified Tester? Date	Signature			_										
SCHOOL PERSONNEL EXEMPTION NUMBERS - Only trained school personnel with NJDEP Exemption Numbers may place or retrieve devices. School Contact Name Phone Phone NJ School Testers: Refer to Fact Sheet for School Staff Person Placing Exempt # Person Retrieving Exempt # Wy school Testers: Refer to Fact Sheet for School Staff Send Written Report To: Owner Name Address City State ZIP Telephone # Fax # Email Standard, Duplicate Start Time Stop Time / Floor Start Time Stop Time	(Circle one) Own	ner or Certified Tes	ster?				(Čir	cle one) O	wner or Ce	rtified Test	er?			
School Contact Name Person Placing Exempt # Person Retrieving Exempt # Send Written Report To: Property Tested: Owner Name Address City State Telephone # Fax # County Municipality	Date						Date							
Person Placing Exempt # Person Retrieving Exempt # www.nj.gov/dep/rpp/radon/download/sr_fsss.pdf Send Written Report To: Property Tested: Project Number: Owner Name Site Name or Owner School Code: Address Site Name or Owner State City State ZIP Telephone # Fax # County Email Start Time Stop Time Floor													aff	
Owner Name		Person Retrieving Exempt #			:	<u>+</u>	www							
Owner Name	Send Written I	Report To:					Property Te	ested:	P	roject Numb	er:			
Address							•••••	<u></u> _						
CityStateIP Test Address Telephone #Fax # Fax # CityState ZIP Email Standard, Duplicate Start Time Stop Time Floor School							Site Name or C	wner						
Standard, Duplicate Start Time Stop Time Floor School						1	Test Address							
Standard, Duplicate Start Time Stop Time Floor School	City		State		ZIP		City			State	7IP			
Standard, Start Time Stop Time Floor School	Telephone #		Fax #				-							
Duplicate Start Time Stop Time Floor School	Email						County			_Municipalit	у			
	Lab Use Only	Device #	D uplicate	Start Date	Stop Date			Building#	Unit #		Name of Room		Lab Use Only	

Additional Building & Test Information

Building Type (Circle one) Residential - Non Residential - Day Care - Day Care in Public School - School

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

Normal Building Operating Conditions? (Circle one) YES or NO

Appropriate Number of Blanks and Duplicates Performed? (Circle one) YES or NO

Send Test Devices and Form To AccuStar Labs * 11 Awl Street, Medway, MA 02053 * PO Box 158, Medway, MA 02053

NJ MEB 90122 ★ NJ MES 11135 ★ NJ LAB MA004 ★ Tel: 888-480-8812 ★ Fax: 508-533-8831

*NJ DEP Requires 10% Duplicates and 5% Test Site Blanks