

Request for Radon In Air Test

INTRODUCTION

Thank you for obtaining our Radon-In-Air Testing Kit. Please follow the Testing Procedures closely to assure the most accurate results. If you should have any questions, PLEASE call us at our toll free number (800)-344-9977.

TESTING PROCEDURES

1. Have the house closed up for at least 12 hours prior to beginning the test, or have the test extended for 12 hours.
2. Keep the vial in place for a minimum of 48 hours.
3. For most testing one vial should be placed in the lowest living level (usually the basement). Sampling in the main living areas may also be desirable. The vial should be opened* and placed near the middle of the room, approximately 3 feet off the floor, away from walls and drafts.
4. Windows and doors should be left closed for normal exit and entry. Avoid placement near windows or direct sunlight.
5. When collecting the vial screw the lid on tightly, complete the information on this form paying particular attention to completing the starting and ending dates and times.

* To open unscrew cap (do not remove cotton). **PLEASE DO NOT USE TAPE ON VIALS.**

A) Sample Information: (Please Print)

Person(s) for whom this sample is being tested:

Sample Address:

City:

State:

Zip:

Date Started:

 / /

Time Started:

 : AM / PM

Date Finished:

 / /

Time Finished:

 : AM/PM

Collected By: _____ Sample Location: _____ i.e. Basement/Living Room/
Etc.

Name of Company (if applicable): _____

Remarks: _____

B) Reporting Information:

All reports will be mailed unless otherwise requested

Report to: Person(s) for whom sample is being tested at sample address.

Person(s) at address below My Company Fax: (____)_____-_____

Name:

Address:

City:

State:

Zip:

Phone: (____)_____-_____

C) Method of Payment:

Email: _____

Confirm email: _____

Master Card Visa Amex

(Please Check One)

Card # _____ Check # _____ Cash

Exp Date ____ / ____ Name on Card _____ Paid \$ _____

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