

# Florida Short Term Radon Test Project Data Sheet

Start test before expiration date on device or result will be invalid. \*Indicates the information which must be provided to comply with FL DoH regulations. Failure to complete will delay reporting!

\*Tester Name Placing Devices : \_\_\_\_\_  
 \*Tester Name Retrieving Devices: \_\_\_\_\_  
 \*(circle one) **Owner or Certified Tester**

\*Certified Tester # \_\_\_\_\_ \*Signature \_\_\_\_\_  
 \*Certified Tester # \_\_\_\_\_ \*Signature \_\_\_\_\_

**Send Written Report To:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Email \_\_\_\_\_

**Property Tested:**

\*Site Name or Owner \_\_\_\_\_  
 \*Test Address \_\_\_\_\_  
 \*City \_\_\_\_\_ \*County \_\_\_\_\_ State \_\_\_\_\_ \*ZIP \_\_\_\_\_  
 \*Age of Building: \_\_\_\_\_ \*Year Built: \_\_\_\_\_  
 \* # of Stories of Bldg: \_\_\_\_\_ \*# of Stories Occupied: \_\_\_\_\_  
 \*# of Buildings on Property: \_\_\_\_\_ \*# of Buildings Tested: \_\_\_\_\_

| Lab Use Only | Device # | *Start Date | *Stop Date | *Start Time AM/PM | *Stop Time AM/PM | *Building# | *Unit # | *Floor Tested | *Name of Room | *Duplicate Blank or Standard | Lab Use Only |
|--------------|----------|-------------|------------|-------------------|------------------|------------|---------|---------------|---------------|------------------------------|--------------|
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |
|              |          |             |            |                   |                  |            |         |               |               |                              |              |

**Additional Building & Test Information**

\***Building Type #1** (circle one) Unattached Attached Residential \***Building Type #2** (Circle one) Multi Level Single Level \***Structure Type** (circle one) Basement Crawlspace Slab on Grade Pier Other  
 \***Test Purpose** (circle one) Initial Screening Pre Mitigation Post Mitigation Real Estate Transaction Follow Up  
 \***Closed House Conditions** Present at Start of Test? YES or NO Present at End of Test? YES or NO  
 \***Indoor Conditions** (circle two) Cool (<65°F) Normal Hot (>75°F) Dry(<25 % rH) Normal Humid (>60 % rH)  
 \***Cooling System:** (circle one) Central AC Room AC Window Fan Attic Fan Other \***In Use:** Yes No \***Heating System** (circle one) Gas Electric Wood SpaceHeat \***In Use** Yes No